

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

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LISA MENNINGER,

Plaintiff,

v.

PPD DEVELOPMENT, L.P.,

Defendant.

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Civil Action No.  
1:19-cv-11441-LTS

BEFORE THE HONORABLE LEO T. SOROKIN, DISTRICT JUDGE

JURY TRIAL  
Day 3

Wednesday, March 22, 2023  
8:30 a.m.

John J. Moakley United States Courthouse  
Courtroom No. 13  
One Courthouse Way  
Boston, Massachusetts

Rachel M. Lopez, CRR  
Official Court Reporter  
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**EXHIBIT**

None

**P R O C E E D I N G S**

(In open court.)

THE DEPUTY CLERK: The United States District Court for the District of Massachusetts is now in session, the Honorable Leo T. Sorokin presiding.

THE COURT: Please be seated.

THE DEPUTY CLERK: Today is Wednesday, March 22, 2023, and we're on the record in civil case number 19-11441, Lisa Menninger versus PPD development, LP.

And would counsel please identify themselves for the record.

MR. HANNON: Good morning. Patrick Hannon and Hampton Watson for the plaintiff.

MS. MANDEL: Good morning, Your Honor, Rachel Mandel and Patrick Curran for defendant, PPD.

THE COURT: Good morning. Okay. Anything to discuss?

MR. HANNON: Possibly. I meant to ask opposing counsel a question this morning, but I'll just raise it now, and I apologize for not having raised it separately beforehand.

During the deposition of Dr. Menninger, an issue came out concerning a prior arrest for driving under the influence, which I don't think has any relevance and is not in any way possibly admissible, but I just figured we should

1 confirm that's not going to be raised during her  
2 cross-examination.

3 MS. MANDEL: Unless something were to come up  
4 during her direct, which would somehow...

5 THE COURT: So far has anything come up?

6 MS. MANDEL: Not so far, Your Honor.

7 THE COURT: Okay.

8 MR. HANNON: Not an issue then.

9 THE COURT: Okay. Fine. If you decide that you  
10 think that it has -- you think it should come up, then raise  
11 it at sidebar before you bring it up, and then we can talk  
12 about it.

13 MS. MANDEL: Understood, Your Honor.

14 THE COURT: Sounds like it's a nonissue.

15 MR. HANNON: Again, apologies for not clearing that  
16 ahead of time.

17 THE COURT: Anything else for you?

18 MR. HANNON: No, Your Honor.

19 THE COURT: Anything for you?

20 MS. MANDEL: We just wanted to talk about  
21 scheduling a little bit. I know we had talked about whether  
22 Monday the 27th would be a day that would make sense to go  
23 the full day. And I just -- I know that Mr. Hannon has let  
24 us know that one of his witnesses is going to be testifying  
25 on Monday that we didn't originally think would be. That's

1 Dr. Kissimian. We, ourselves, have between Monday and  
2 Tuesday, that's when four of our out-of-town witnesses are  
3 going to be here, so I just thought it would be a good time  
4 to sort of discuss the planning of that.

5 THE COURT: So you have how much longer? Two  
6 minutes with your client?

7 MR. HANNON: 23 minutes, Your Honor.

8 THE COURT: 23.

9 MR. HANNON: 23.

10 THE COURT: Wow. I'm going to count.

11 MR. HANNON: I know. Start the clock.

12 THE COURT: Okay. All right. So then you'll be  
13 done at 9:23. And then you're going to cross her. And then  
14 I take that -- that will be more than 23 minutes, I'm  
15 anticipating.

16 MS. MANDEL: It is more than 23 minutes,  
17 Your Honor. I can't say to the minute exactly how long.

18 THE COURT: All right. No problem. So after -- do  
19 you expect we'll be done with her today?

20 MS. MANDEL: I think there's a good possibility.  
21 It's hard to say for sure, but it's a good possibility.

22 THE COURT: Okay. Okay. So if we're done with her  
23 today, then either way, who's next?

24 MR. HANNON: Ideally, we'll be reading in  
25 Mr. Mekerri's transcript. I say ideally. We're still trying

1 to work out some logistics in terms of getting our respective  
2 support staff to get a sort of comprehensive transcript that  
3 you can just read. So assuming that they're able to tackle  
4 that before we're done with Dr. Menninger, we'll do that. If  
5 we're not able to get that done, then I'd proceed with  
6 Ms. Ballweg.

7 THE COURT: Okay. And how long will that be?

8 MR. HANNON: Ms. Ballweg?

9 THE COURT: For you?

10 MR. HANNON: I would expect between an hour and two  
11 hours.

12 THE COURT: Okay. So -- and then if you do  
13 Mekerri, then tomorrow, whenever that's done, you would then  
14 go to Ballweg?

15 MR. HANNON: Correct. And I expect the read on for  
16 Mekerri is, likewise, between an hour and two hours.

17 THE COURT: So then after Ms. Ballweg, who comes  
18 next?

19 MR. HANNON: After Ms. Ballweg, it will depend a  
20 bit on --

21 THE COURT: So Ms. Ballweg -- between Mekerri and  
22 Ms. Ballweg, that takes all of tomorrow, if we -- if we  
23 finish the plaintiff today. If we finish the plaintiff at  
24 1 o'clock, it sounds like that's probably all of tomorrow,  
25 those two witnesses.

1 Does that sound right?

2 MS. MANDEL: Sounds about right, Your Honor.

3 THE COURT: Okay. Then who comes next?

4 MR. HANNON: So we've got three witnesses to fill  
5 these last two days. So one is going to be Dr. Summergrad,  
6 our psychiatrist expert. Another is going to be Mr. Jonas,  
7 our economics expert, and then the last is going to be  
8 Tonya Hart, the -- Dr. Menninger's sister. The sister is  
9 going to be short, between, you know, 30 minutes and an hour,  
10 probably closer to 30 minutes. Mr. Jonas --

11 THE COURT: She's a damage witness, primarily?

12 MR. HANNON: Correct. Mr. Jonas should be brief,  
13 as well. Again, between 30 and an hour. Dr. Summergrad I  
14 expect will be a little bit longer, between like an hour and  
15 two hours.

16 THE COURT: So we won't -- even if we finish the  
17 plaintiff today, we won't finish all of them on Friday?

18 MR. HANNON: I think there's a very good chance  
19 that Dr. Summergrad will have to carry over to next week.

20 THE COURT: And then the only other witness you  
21 have is the treating physician?

22 MR. HANNON: The only other ones that I've got  
23 control of. Again, the folks they're producing are on our  
24 list as well.

25 THE COURT: Okay. And how long is the treating



1 physician?

2 MR. HANNON: Between like an hour and two hours,  
3 probably closer to an hour.

4 THE COURT: And then who else will you be calling?

5 MS. MANDEL: Your Honor, we'll be calling Chris  
6 Clendening, who's coming from Ohio, and Chris Fikry, who's  
7 also coming out of town, and Chad St. John and Brent  
8 McKinnon, all who are coming from out of town. And then we  
9 have our economic expert and our psychiatric expert.

10 THE COURT: How long for each of the four of them  
11 on the direct?

12 MS. MANDEL: I would say for Chris Clendening and  
13 Chris Fikry, our questioning is probably about an hour each.  
14 A little hard to say, but about an hour each. Chad St. John,  
15 somewhere between one and two hours. And Brent McKinnon,  
16 somewhere between 30 minutes and an hour.

17 THE COURT: Okay. And you're equivalent with them?

18 MR. HANNON: Less on each of those.

19 THE COURT: Okay. So that's a day and a half. A  
20 day for the direct, half a day. Something like that.

21 And then you have two experts?

22 MS. MANDEL: We have two experts, Your Honor.

23 THE COURT: So we just -- it sounds like we just  
24 finish in time.

25 MS. MANDEL: Your Honor, just one more thing.

1 There's another deposition transcript, as well, which is for  
2 Dr. Menninger's husband. It's certainly much shorter. The  
3 entire transcript is much shorter than Mr. Mekerri's, so by  
4 definition, it can't take as long, but we haven't slotted  
5 that in, either.

6 MR. HANNON: I forget to mention that, as well, but  
7 it will be brief.

8 THE COURT: So in terms of circling back to the  
9 original question, which was what -- afternoon, that's really  
10 what you're raising, I think.

11 MS. MANDEL: That's right. And I know that we --

12 THE COURT: You talked about -- putting aside what  
13 I told the jury, what do you think makes the most sense?

14 MS. MANDEL: Well, I -- you know, being  
15 conservative about the timing and given that things this week  
16 so far have taken a little longer than initially anticipated,  
17 my inclination would be to say that Monday going the full day  
18 would make sense so that we can all keep our commitment to  
19 the jury. That also would -- everyone else is coming in from  
20 out of town -- not everyone, but all the people next week are  
21 coming in from out of town, so it also seems most respectful  
22 to their schedules to us to sort of --

23 THE COURT: I don't have a problem going Monday all  
24 day. I have told the jury that they should anticipate that.

25 MS. MANDEL: The other thing, Your Honor, is that

1 it is a long day, right, to sit and listen to testimony until  
2 4 o'clock, and so we can sort of -- we may end a bit before  
3 4 o'clock on Monday, but just to have the afternoon, I think,  
4 would be useful.

5 THE COURT: Right. Okay. I think that, given what  
6 you're telling me about the schedule and where we are, I  
7 think that makes sense. I think probably what I'll do is  
8 tell them at the end of today that -- well, I'll check with  
9 you at the break, but I think what I'm planning to say to  
10 them, unless you tell me to do it this way -- unless you tell  
11 me to do something different at the break, what I'm going to  
12 tell them at the end of the day is tomorrow -- we are on  
13 track. We promised to get you the case by next Friday.  
14 We're on track for that, we so far anticipate, you know, it's  
15 going along, and we think that's correct. Tomorrow will be  
16 9:00 to 1:00, like I told you, Friday will be 9:00 to 1:00,  
17 like I told you. Monday, as I told you, we're going to sit  
18 in the afternoon. We have some --

19 Some of the out-of-town witnesses will be  
20 testifying Monday?

21 MS. MANDEL: Yes.

22 THE COURT: All right. So I'll say some of them --  
23 we have some out-of-town witnesses. It makes it easier, so  
24 we go 9:00 to 1:00, and 2:00 to 4:00 on Monday. We should  
25 expect that. And then every other day 9:00 to 1:00 until you

1 get the case, and just give them an update like that, I'm  
2 sure they'll like that. Okay. That's fine.

3 Anything else?

4 MR. HANNON: Nothing here.

5 MS. MANDEL: Nothing here. Thank you.

6 THE COURT: Okay. Then I'll come back out at a  
7 couple minutes before 9:00. See you then.

8 (Court in recess at 8:41 a.m.

9 and reconvened at 9:01 a.m.)

10 THE COURT: All right. Go get the jury.

11 MR. HANNON: Can I have Dr. Menninger get on the  
12 stand?

13 THE COURT: Yes. Go right ahead.

14 (The jury enters the courtroom.)

15 THE COURT: All right. Good morning, ladies and  
16 gentlemen. I trust everyone followed my instruction, don't  
17 discuss the case among yourselves, don't does it with anyone  
18 else, and no independent research. Good.

19 All right. So we resume. Dr. Menninger's on the  
20 witness stand, so we'll resume with her direct examination by  
21 Mr. Hannon.

22 And I remind you, you remain under oath.

23 Go ahead.

24 MR. HANNON: Thank you, Your Honor.

25 **LISA A. MENNINGER**

1           having been previously duly sworn, testified as follows:

2           **DIRECT EXAMINATION BY COUNSEL FOR PLAINTIFF, Cont.**

3           BY MR. HANNON:

4           **Q.** Dr. Menninger, while you were employed at PPD, how were  
5           you compensated?

6           **A.** I had an annual salary and annual bonus, and I had stock  
7           options, stock. And sometimes we would have additional spot  
8           bonuses, depending on how the company was doing.

9           **Q.** And did you have other benefits, like health insurance  
10          and things like that?

11          **A.** Yes. For my entire family.

12          **Q.** Okay. And what was for your entire family? The health  
13          insurance?

14          **A.** Yes.

15                 MR. HANNON: I'd like to direct your attention to  
16          Joint Exhibit Number 14. And I'd like to show this to the  
17          jury.

18          BY MR. HANNON:

19          **Q.** And Dr. Menninger, can you tell the jury what this is?

20          **A.** This is the compensation statement for 2018.

21          **Q.** Okay. And looking at the top right-hand corner here,  
22          does this show what your base salary was going to be,  
23          effective April 1, 2018?

24          **A.** Yes.

25          **Q.** And to the best of your recollection, is that number

1       there, the \$270,581.78, is that accurate?

2       **A.**   Yes.

3       **Q.**   Okay. And this shows that you're -- am I right that this  
4       shows that your salary the prior year had been lower?

5       **A.**   Yes.

6       **Q.**   And was it -- was it typical during your employment at  
7       PPD to get annual raises?

8       **A.**   Yes.

9       **Q.**   And then I think you mentioned a moment ago that part of  
10      your compensation included an annual bonus; is that right?

11      **A.**   Yes.

12      **Q.**   Okay. Did you receive a bonus every year that you worked  
13      at PPD?

14      **A.**   Yes.

15      **Q.**   And does this document accurately reflect the bonus that  
16      you received for your work in 2017?

17      **A.**   Yes.

18      **Q.**   And then you also mentioned spot bonuses. Under what  
19      circumstances during your employment at PPD did you earn spot  
20      bonuses?

21      **A.**   There were, I believe, occasional times in 2016 where the  
22      company gave certain executives additional bonuses, I think  
23      based on how the company was performing.

24               I was also given an additional salary increase at  
25      the end of 2015, after I started.

1     **Q.** Okay. I'm now going to direct your attention to Joint  
2     Exhibit 33. And does this document reflect the stock options  
3     that you held at the time of your termination?

4     **A.** Yes.

5     **Q.** Okay. And were you able to keep those options after you  
6     were terminated?

7     **A.** No, I was not.

8     **Q.** Okay. Now, the document here -- look in the far right  
9     here. It shows a cost to exercise. Was it your  
10    understanding that's what it would have cost you at the time  
11    of your separation in order to exercise your stock options?

12    **A.** Yes.

13    **Q.** And did you?

14    **A.** No. I -- we couldn't afford to.

15    **Q.** Okay. During the course of your employment, were any  
16    representations made to you by PPD concerning the -- the  
17    value of your stock options?

18    **A.** Yes. It was recorded.

19    **Q.** And did they -- did they make any representations to you  
20    in terms of under what circumstances those options would  
21    become valuable?

22    **A.** Yes. If the company underwent a restructuring, or if  
23    they went from private to public, then those stock options  
24    would be available to be cashed out for us, which happened  
25    under one circumstance while I was working there.

1     **Q.** So there had been a prior restructuring at some point  
2     during your term at PPD; is that right?

3     **A.** That's correct.

4     **Q.** Okay. And -- but with respect to the options that you  
5     held at the time of your termination, do you know if,  
6     subsequent to your termination, PPD went public?

7     **A.** Yes, they did.

8     **Q.** Okay. And have you seen any press releases issued by PPD  
9     concerning any acquisition of the company?

10    **A.** Yes, I have.

11    **Q.** Okay. And based upon those -- that press release, how  
12    was PPD acquired?

13    **A.** They were acquired by Thermo Fisher Scientific.

14    **Q.** When?

15    **A.** I believe it was the end of 2020.

16    **Q.** Okay. And did that press release indicate how much PPD  
17    was acquired for?

18    **A.** Yes.

19    **Q.** How much?

20    **A.** For 17.4 billion.

21    **Q.** I'm now going to show you Joint Exhibit 59. So is this  
22    your performance review for 2017?

23    **A.** Yes.

24    **Q.** Okay. Now, you recall testifying previously that you had  
25    expected to be talking about your performance review at the



1 end of 2017, in that 360 meeting; is that right?

2 **A.** Yes.

3 **Q.** Okay. Were you actually provided your performance review  
4 at that time?

5 **A.** No.

6 **Q.** Okay. Did Mr. Mekerri ever actually provide you your  
7 performance review?

8 **A.** Not for 2017.

9 **Q.** At some point in time, did you see this performance  
10 review?

11 **A.** Yes.

12 **Q.** And when did you see it?

13 **A.** I saw it late January 2018, once Chad told me that it was  
14 available in the system for me to view.

15 **Q.** And was that after you had disclosed your disability to  
16 PPD?

17 **A.** Yes.

18 **Q.** I'm going to direct your attention to the -- just to the  
19 second to the last page of the exhibit. And do you see here,  
20 under, "Overall performance," it reflects an overall rating  
21 of "fully effective"?

22 **A.** Yes.

23 **Q.** Okay. And is it your understand that was your rating for  
24 the 2017 calendar year?

25 **A.** Yes.

1     **Q.** Now, there was some areas in which Mr. Mekerri had rated  
2     you lower than fully effective; is that right?

3     **A.** Yes.

4     **Q.** So I'm showing you here the second page of the document,  
5     and if you could see, there's a "Goal" here. Could you tell  
6     the jury what that refers to?

7     **A.** Yes. That was my goal to recruit and hire global  
8     scientific technical directors at the Ph.D. or MD level. And  
9     this was to address compliance gaps that we had in certain  
10    areas.

11    **Q.** And looking here, to the right side here, this was your  
12    rating for the year, for that particular goal; is that right?

13    **A.** Yes.

14    **Q.** And the comment that you wrote there, is that -- is that  
15    all accurate?

16    **A.** Yes.

17    **Q.** Okay. And you mentioned here -- and I'll highlight it --  
18    that there had been a time where one of the positions that  
19    you were supposed to recruit for had been put on hold; is  
20    that right?

21    **A.** Yes.

22    **Q.** Okay. And who had put it on hold?

23    **A.** I'm not sure. Someone higher than my level.

24    **Q.** Okay.

25    **A.** I was never told specifically who.

1     **Q.** Had Mr. Mekerri informed you that that role had been put  
2     on hold?

3     **A.** No. I believe it was one of the recruiters.

4     **Q.** Was Mr. Mekerri aware, to your knowledge, that that  
5     position had been put on hold?

6     **A.** Yes.

7     **Q.** Was that something that you and he had spoken about?

8     **A.** Yes. I believe it came up during -- yes. I asked him  
9     about it, what the status was. We, at that time, had an  
10    excellent candidate, who I thought would be -- who we all  
11    thought would be perfect for the role. And so I continuously  
12    asked about the status of that candidate.

13    **Q.** One of the things you also cite here in your note, you  
14    see there's a highlighted section, you note that "Feedback  
15    from the recruitment team is that we are not competitive for  
16    qualified candidates, based on salary and location."

17                   Do you see that?

18    **A.** Yes.

19    **Q.** And what do you mean by that?

20    **A.** There were other locations around the country that MD,  
21    Ph.D. level scientists preferred to work. And also, in those  
22    locations, they paid higher salary.

23    **Q.** Directing your attention to the third page of the  
24    document. You see here the goal at the top of the page, the  
25    category being, "Enhanced commercial and operational

1       excellence." Do you see that?

2       **A.** Yes.

3       **Q.** Okay. And if I can direct your attention to the note  
4       there from Mr. Mekerri. Do you see that he  
5       writes, "Validations complete. Work with"?

6       **A.** Yes.

7       **Q.** Okay. What was your reaction when you saw that?

8       **A.** He had not performed my performance review. It looked  
9       like he stopped mid sentence.

10      **Q.** Okay. And if you look here at the goal below, do you see  
11      he has -- he has no comments there?

12      **A.** Yes.

13      **Q.** And if we turn to the next page, the goal there, again,  
14      he has no comments?

15      **A.** Yes.

16      **Q.** And then turning to the next page, do you see he has a --  
17      he has an area in which he rated you, "Sometimes effective."

18                       Do you see that?

19      **A.** Yes.

20      **Q.** And he provided no comments?

21      **A.** Correct.

22      **Q.** Did you ever ask Mr. Mekerri to give you the feedback  
23      concerning his ratings for you in 2017?

24      **A.** Yes.

25      **Q.** And what did he say?

1     **A.** He said he would schedule a meeting for us to discuss.

2     **Q.** And did he?

3     **A.** He did schedule a meeting.

4     **Q.** And did you discuss?

5     **A.** No. He canceled it and said -- well, he said that he  
6 would rather reschedule it for when I was on site, face to  
7 face.

8     **Q.** And when did you expect that would be?

9     **A.** When I was on site, the same time I had the meeting --  
10 let's see, when I was on site February 27th, I think, through  
11 March 2nd.

12     **Q.** And did the conversation happen while you were on site?

13     **A.** No.

14     **Q.** Prior to relocating to Massachusetts, you worked in the  
15 same complex as the Highland Heights lab; is that right?

16     **A.** Yes.

17     **Q.** Was your work space physically located where the actual  
18 testing was done?

19     **A.** No.

20     **Q.** Okay. And are you familiar with an area of the lab known  
21 as "The Pit"?

22     **A.** Yes. A little bit. That was a term that was before my  
23 time.

24     **Q.** Okay.

25     **A.** We did not refer to it as "The Pit" after I started.

1     **Q.** Okay. And what was your understanding as to what "The  
2     Pit" referred to?

3     **A.** The downstairs area, a certain -- yeah.

4                 We were doing a lot of remodeling at the time and  
5     so names were changing depending on the lab area.

6     **Q.** Okay. But in terms of the area where the actual testing  
7     was done, did you on occasion visit that area?

8     **A.** Yes.

9     **Q.** Every day?

10    **A.** No.

11    **Q.** Why not?

12    **A.** There -- there was no way I would have time. I -- I had  
13    many other responsibilities that I had to complete, and a lot  
14    of technical documents to review, e-mails to respond to,  
15    phone calls, meetings, things like that.

16    **Q.** Do you have any estimate of how often you would visit the  
17    actual area where the testing was conducted when you worked  
18    in Highland Heights?

19    **A.** I would try to go visit, you know, make face-to-face  
20    contact with the lab staff at the bench on a weekly basis,  
21    but that was not always possible depending on my schedule.

22    **Q.** And when you visited that area, were you doing so in  
23    order to supervise the work that was being done?

24    **A.** No, that would be the supervisor's responsibility.

25    **Q.** Okay. When you relocated to Massachusetts, was there any

1 kind of discussion concerning an expected frequency of how  
2 often you would travel back to Highland Heights?

3 **A.** No.

4 **Q.** Was it your understanding that that was left to your  
5 discretion?

6 **A.** Yes. There was a -- a conversation about dividing my  
7 time more equally amongst the four labs that I oversaw.

8 **Q.** Was that a conversation you had with Mr. Mekerri?

9 **A.** Yes.

10 **Q.** Up until the time that you -- you left PPD -- well,  
11 strike that.

12 Up until the time that you took your medical leave  
13 from PPD, had anyone at PPD ever suggested to you that your  
14 remote working status was a problem?

15 **A.** No.

16 **Q.** Had anyone ever suggested to you that your remote status  
17 was causing issues with respect to your performance?

18 **A.** No.

19 **Q.** Had anyone suggested to you that your remote status was  
20 causing any issues with respect to the lab?

21 **A.** No.

22 **Q.** I'm going to show you Joint Exhibit Number 180.

23 Actually, I'm not going to show you Exhibit 180. I  
24 lied. Apologies.

25 Do you recall your testimony previously about the

1 proposed accommodations from Dr. Kissimian with respect to  
2 those buckets Mr. Mekerri had identified?

3 **A.** Yes.

4 **Q.** And you reviewed the accommodations proposed by  
5 Dr. Kissimian?

6 **A.** Yes.

7 **Q.** From your perspective and your experience performing your  
8 role and working at PPD, did you believe that those  
9 accommodations were reasonable?

10 **A.** Yes, for the changes that Hacene was proposing broadly to  
11 my role.

12 **Q.** And based upon your observations and your experience,  
13 were those all things that PPD could have done to help you do  
14 your job?

15 **A.** Yes.

16 **Q.** Are you aware of any reason why PPD could not have  
17 provided those accommodations to you?

18 **A.** No.

19 **Q.** Last -- last section here. You talked yesterday about  
20 the -- what you did after you took your medical leave from  
21 PPD, and I just wanted to try to fill in a couple of blanks  
22 for the jury, if we could.

23 So after you took your medical leave, you did  
24 the -- the partial hospitalization program at Butler  
25 Hospital; is that right?



1       **A.**   Yes.

2       **Q.**   Do you recall when you completed that?

3       **A.**   It was some time in July 2018.

4       **Q.**   And after you completed that, can you describe for the  
5       jury what your health status was like then?

6       **A.**   I was -- I pretty much went back to my baseline of how I  
7       was doing before I entered, because I was not doing well.

8       **Q.**   Had the program at Butler Hospital helped for at least  
9       some period of time?

10      **A.**   Eventually. At first I was pretty scared to go, because  
11      of the group therapy nature of some of it. But, yes, it felt  
12      like a safe space that I could escape, you know, the pain of  
13      what was going on in my life with PPD.

14      **Q.**   And after leaving the program at Butler Hospital, did you  
15      continue your treatment with Dr. Kissimian?

16      **A.**   Yes.

17      **Q.**   And at some point in time did you move?

18      **A.**   Yes.

19      **Q.**   Why did you move?

20      **A.**   I had my office in -- I had an office in our basement of  
21      our home, and it started to trigger severe panic, so I just  
22      flat out refused to go back down in the basement. My husband  
23      brought my computer up to the bedroom. Because of the  
24      association I was making, it was very difficult for me.

25                   Also, we can no longer afford to keep our child in

1 private school, and we were living in a more rural area of  
2 Massachusetts, and we were concerned -- considering the  
3 history with Maya and the challenges that they had in school  
4 about sending -- sending them to public school.

5 **Q.** Okay. Where did you move to?

6 **A.** We moved to Albuquerque, New Mexico.

7 **Q.** And was there anything about Albuquerque in particular  
8 that was -- you thought might be beneficial?

9 **A.** Yeah. I -- well, the cost of living was much cheaper and  
10 we were really stressed about finances. Also, I had spent a  
11 year there as a grad student, and there's a lot of open  
12 space. There were a lot of places where I felt like I could  
13 escape to on my own and be just surrounded by nature. I  
14 could go on a trail and just escape from the trauma of what  
15 was going on. That's all I recall.

16 **Q.** That's fine.

17 And while you were in New Mexico, did you continue  
18 your medical treatment?

19 **A.** Yes.

20 **Q.** And did you get a new doctor out there?

21 **A.** Yes.

22 **Q.** And who was that?

23 **A.** Dr. Burbano.

24 **Q.** And with Dr. Burbano, did you continue therapy sessions?

25 **A.** Yes, I continued appointments.

1     **Q.** Okay. And you continued medications?

2     **A.** Yes.

3     **Q.** Particularly when you were treating with Dr. Burbano, was  
4     there some sort of frequent efforts to sort of adjust your  
5     medications?

6     **A.** Yes. She was concerned about the tolerance I could build  
7     up with Prozac, and so added an additional medication in the  
8     same class to try to prevent that from happening.

9     **Q.** And the work you did with Dr. Burbano, in terms of the  
10    medication and the sessions and being out in more of a  
11    natural environment, did all of that solve your health  
12    issues?

13    **A.** No. I had good days and I had bad days. But, you know,  
14    so sometimes I would be out on a trail by myself and, you  
15    know, it just felt like an escape. But then I'd come home  
16    and I'd have days where I couldn't get out of bed. So it  
17    depended.

18    **Q.** And what, if any, side effects did you suffer from the  
19    medications you were receiving?

20    **A.** When we added the additional medication to Prozac, I  
21    believe it was a -- a newer medication. I think it was  
22    called VIIBRYD, I ended up getting what's called serotonin  
23    syndrome, which can be life threatening, and that was pretty  
24    scary.

25    **Q.** Besides that situation, have you also incurred other side

1 effects from the various medications you've been on?

2 **A.** Yes. Depending on the medication.

3 **Q.** Okay. And what kinds of side effects have you had?

4 **A.** If I was on a benzodiazepine or a sedative, I could be  
5 off balance, so I have balance issues. Depending on the dose  
6 that you're taking, you shouldn't drive or operate heavy  
7 machinery or anything. It made me feel extremely tired.  
8 Sometimes I had to take -- lay down and take naps in the  
9 middle of the day. Some of the medications caused insomnia,  
10 so I had trouble falling asleep and sometimes that would take  
11 hours. Then when I would fall asleep, I'd frequently have  
12 nightmares, wake up in the middle of the night, and have  
13 trouble falling asleep again. So it was just extremely  
14 difficult to have a regular sleeping schedule.

15 **Q.** And do any of those symptoms that you've described, do  
16 they persist to this day?

17 **A.** Yes.

18 **Q.** Which ones?

19 **A.** Definitely the sleeping disturbance and the nightmares.  
20 Feeling off balance. I'm still -- with the clonazepam, when  
21 I take it during the daytime, I take it twice a day, I, you  
22 know, sometimes will have to like stop myself and try to  
23 catch my balance. It makes me tired, hard to concentrate.  
24 It's also difficult with benzodiazepines, because that's  
25 another medication you can build up a tolerance to. So it's

1 effective at a certain dose for a while, but then eventually  
2 you have to start increasing the dose to have the same  
3 effect. And you can only do that so much and then it stops  
4 working or becomes dangerous. So there's careful management,  
5 experimentation with the doctors on that.

6 **Q.** Do you still live in New Mexico?

7 **A.** No. I currently live in Oregon.

8 **Q.** And when did you move to Oregon?

9 **A.** I moved to Oregon in the spring of 2020.

10 **Q.** Why?

11 **A.** My mom and my sister and brother-in-law all had moved to  
12 Bend, and at that time, I felt like I needed closer family  
13 support. And the pandemic was starting and we just felt like  
14 it would be better to be closer to family and it would be  
15 helpful for us to have that support and not be so isolated.

16 **Q.** And are you still receiving medical treatment in Oregon?

17 **A.** Yes.

18 **Q.** By who?

19 **A.** I'm forgetting last names. I see a therapist weekly,  
20 Andrew, and I can't pronounce his last name. And then I also  
21 see a nurse practitioner remotely from Texas, who specializes  
22 in mental health. And she does my medication management.

23 **Q.** You mentioned that, in connection with your medical leave  
24 from PPD, that you had had some suicidal ideations; is that  
25 right?

1       **A.**    Yes.

2       **Q.**    Have those recurred at all since your departure from PPD?

3       **A.**    Yes.

4       **Q.**    Any sense of how frequent?

5       **A.**    A lot.

6       **Q.**    When was the last one?   Go ahead.

7       **A.**    It happened a couple days before I came here.

8       **Q.**    And what were you thinking about?

9       **A.**    I just didn't think I could do this.   I wanted to kill  
10       myself.

11       **Q.**    And did you actually think about anything you would do in  
12       connection with taking your own life?

13       **A.**    I -- yeah.   I've always, in the back of my mind, had a  
14       plan.

15       **Q.**    And what did that plan involve?

16       **A.**    It involved overdosing on medication.

17       **Q.**    Have you thought at all about what your suicide note  
18       would say?

19       **A.**    I had a night recently, I think in February, where I was  
20       struggling to go to sleep, and my brain just decided, okay,  
21       let's -- what would a draft suicide note look like to my  
22       child.   And that was very difficult, because I didn't want to  
23       hurt -- I didn't want to hurt Maya, but I couldn't stop my  
24       brain from, you know, playing that out.

25               MR. HANNON:   That's all I have, Your Honor.

1 THE COURT: All right. Thank you.

2 Cross-examination, Ms. Mandel.

3 So the way it works, ladies and gentlemen,  
4 Mr. Hannon called the witness, he examines. And then there  
5 will be cross-examination by the other side. And then  
6 there's an optional second round, so then Mr. Hannon will get  
7 the chance, if he wishes -- it's not required, but he can,  
8 and it usually often happens, and the lawyer asks a second  
9 set of questions, but it's not -- it's limited to what was  
10 discussed on cross-examination. So it gets narrower. And  
11 then Ms. Mandel will have a chance for recross. And that,  
12 too, is limited. So if Mr. Hannon asked no questions -- had  
13 no redirect, then there would be no recross. And if he had  
14 one question, then Ms. Mandel can ask follow-up, but only on  
15 the topics that he asked about, that were implicated by that  
16 one question. So it gets narrowed.

17 Go ahead.

18 **CROSS-EXAMINATION BY COUNSEL FOR DEFENDANT**

19 BY MS. MANDEL:

20 **Q.** Good morning, Dr. Menninger.

21 **A.** Good morning.

22 **Q.** As you might recall, I'm Rachel Mandel. I'm going to ask  
23 you some questions.

24 You may recall that you testified on Monday that  
25 before you worked at PPD, you were a laboratory director at a

1 company called Clinical Reference Laboratory; is that right?

2 **A.** Yes.

3 **Q.** And let's pull up your resume. Let's look at Exhibit 54.  
4 This is the resume that you submitted to PPD when you applied  
5 for employment there; is that right, Dr. Menninger?

6 **A.** Yes. This -- that's correct.

7 **Q.** And the most recent professional experience that you had  
8 listed was the job that you held at Clinical Reference Lab;  
9 is that right?

10 **A.** Yes.

11 **Q.** And you began working there in 2010, right?

12 **A.** Yes.

13 **Q.** Right? And then you moved over to PPD in 2015?

14 **A.** Yes.

15 **Q.** So fair to say it was five years at Clinical Reference  
16 Lab?

17 **A.** Yes.

18 **Q.** And that company was in Kansas; is that right?

19 **A.** Yes.

20 **Q.** And then looking down a little bit farther on your  
21 resume, it looks like before that you had been working as a  
22 clinical pathologist at a hospital system in Kansas?

23 **A.** Yes.

24 **Q.** In your hospital position at St. Luke's Health System,  
25 that's the one from 2006 to 2010, you were on the medical



1 staff of seven hospitals; is that right?

2 **A.** Yes.

3 **Q.** And that was all part of one hospital system, but within  
4 that St. Luke's system; is that right?

5 **A.** Yes.

6 **Q.** So did you -- did you go to all seven hospitals on a  
7 regular basis?

8 **A.** No.

9 **Q.** Where did you do your work for that hospital system  
10 position?

11 **A.** We had -- we had four pathologists, so we divided the  
12 different hospitals up. And so there was the core main  
13 hospital, Saint Luke's Hospital, in Kansas City, Missouri.  
14 And then we kind of divided them up based on, like, where we  
15 lived. So I covered Saint Luke's South. I also covered  
16 Wright Memorial Hospital, which was more rural. And then  
17 Saint Luke's Cancer Institute, which was within Saint Luke's  
18 Hospital.

19 **Q.** Can you explain for us what type of work did you do at  
20 Saint Luke's?

21 **A.** At the main hospital, I primarily covered the hematology  
22 section. And then we would back each other up. So if  
23 somebody was on vacation, we might cover the blood bank or  
24 chemistry, things like that.

25 I'm sorry, I just blanked and lost -- can you

1 repeat the rest of your --

2 **Q.** And I know, this was a long time ago. For those of us  
3 who aren't pathologists, can you explain what you did  
4 day-to-day working in the hospital system?

5 **A.** Yes. So okay, day-to-day, that was primarily what I was  
6 doing in Saint Luke's Hospital. Then I had one day that I  
7 went to Saint Luke's South that I was the medical laboratory  
8 director of, and I would visit with the director and  
9 supervisors there, go over any technical documents that we  
10 needed to have reviewed and signed off by the medical  
11 director, any SOPs, things like that. So I would do that  
12 once a week.

13 And then I went to Wright Memorial Hospital, which  
14 was more rural, once a month. And similar activities to what  
15 I just described.

16 **Q.** Did any of this work involve meeting with patients?

17 **A.** No.

18 **Q.** Did you actually review and report on the pathology  
19 results that came back into the labs?

20 **A.** Yes. In --

21 **Q.** And did you -- I'm sorry, go ahead.

22 **A.** It depended on the test.

23 **Q.** Sure. Who did you report those results to?

24 **A.** To other doctors in the health system.

25 **Q.** And it's safe to say that those doctors would report the

1 results to the patients?

2 **A.** Um --

3 **Q.** As far as you know?

4 **A.** Yes. Or they would chart them in their notes, you  
5 know -- I didn't observe that, so I'm not sure exactly, but  
6 usually they get charted in the notes and, yeah, those  
7 doctors will act on the results as part of their treatment.

8 **Q.** Understood. And at some point, you left the hospital  
9 system and you went to -- I think you called it CRL for  
10 short?

11 **A.** Yes.

12 **Q.** And that was sort of a change in direction as a doctor,  
13 to go into industry; is that right?

14 **A.** Yes. We had been providing some consulting work to them  
15 prior and so we -- we already had a little bit of a  
16 connection with them.

17 **Q.** With CRL?

18 **A.** Yes.

19 **Q.** Was that -- going from a hospital system into the CRL  
20 job, was that a more dependable schedule for you?

21 **A.** It was. I had just had a baby, and in the hospital  
22 environment, I was on call 24 hours a day, seven days a week.  
23 So that was challenging, having a baby.

24 I was told that CRL was looking for a permanent lab  
25 director, and I thought that would be a better fit for my

1 family.

2 **Q.** And that position was also in Kansas; is that right?

3 **A.** Yes.

4 **Q.** So you didn't have to relocate for that job?

5 **A.** No.

6 **Q.** And I believe you testified earlier this week that you  
7 reported straight to the CEO of CRL?

8 **A.** Yes.

9 **Q.** Do you remember like approximately how big a company CRL  
10 was at that time?

11 **A.** Maybe -- I used to know this. I want to -- I want to say  
12 maybe like 10,000. We had a -- we had a laboratory in the  
13 UK, as well. I can't remember specifically.

14 **Q.** And you were the only medical director there; is that  
15 right? I'm sorry, I used the wrong term. Laboratory  
16 director.

17 **A.** We hired somewhere else to cover the laboratory in the  
18 UK.

19 **Q.** So you were the only laboratory director in the United  
20 States, then?

21 **A.** We also had a Ph.D. director who was getting close to  
22 retirement, but he was still working on staff and had  
23 transferred a lot of his responsibilities to me as he was  
24 kind of like winding down his career.

25 **Q.** And looking at the responsibilities that you had at CRL,

1 the first one listed here, that first bullet point says you  
2 provided directorship for the general and clinical trials  
3 laboratories; is that right?

4 **A.** Yes.

5 **Q.** So were those multiple laboratories that you were  
6 directing?

7 **A.** Yes. Those were two different laboratories at that time.

8 **Q.** And the second bullet is, "Ensures an effective quality  
9 management program." So does that mean that you were  
10 overseeing quality?

11 **A.** I was not over seeing the quality assurance department,  
12 but I was over seeing lab quality and ensuring that we were  
13 meeting our regulatory standards.

14 **Q.** So a sort of bigger picture overseeing?

15 **A.** Yeah.

16 MS. MANDEL: Thanks, Miranda.

17 BY MS. MANDEL:

18 **Q.** And then the next bullet point down says, "Interacts with  
19 international, national, and state regulatory agencies for  
20 laboratory related matters"?

21 **A.** Yes.

22 **Q.** And you were the main contact for those agencies because  
23 you were the regulatory head, right?

24 **A.** No. Those were usually coordinated by the quality  
25 assurance department, but I held the licensure because it

1 needed to be held by a medical director or a Ph.D. -- a  
2 qualified Ph.D. director.

3 **Q.** And you -- the next bullet down, you provide a  
4 consultation with clients regarding the ordering of  
5 appropriate tests?

6 **A.** Yes.

7 **Q.** And that was in drafting with CRL's clients, right?

8 **A.** I'm sorry, can you repeat that?

9 **Q.** That was interacting with CRL's clients?

10 **A.** Usually not directly with the clients. Usually it was  
11 with other employees who worked in CRL. If it was the  
12 clinical trials laboratory, it was usually the project  
13 managers that I was interacting with. And if it was the  
14 general laboratory, they did a lot of life insurance testing,  
15 so I was working -- I was getting questions from, basically,  
16 the sales team from the life insurance portion of the  
17 company.

18 **Q.** Understood. Let's jump down to the last bullet point,  
19 under the CRL entry on your resume. It says, "Responsible  
20 for oversight of laboratory data communication and  
21 appropriate patient result reporting."

22 **A.** Yes.

23 **Q.** And who were you doing those communications and reporting  
24 with?

25 **A.** That refers to making sure that the results that are

1 coming off the instrument are appropriate -- appropriately  
2 reported to our laboratory computer system and then  
3 appropriately transferred to the clients.

4 **Q.** To make sure the clients get the right information at the  
5 end of the day?

6 **A.** Yes. And of course, that was a multidisciplinary group  
7 of people who made sure that all happened correctly,  
8 including the IT department. And we had people who oversaw  
9 data management, things like that.

10 **Q.** Understood. Let's jump to -- let's jump to Exhibit 20.

11 Dr. Menninger, do you recall at the time that you  
12 were living in Kansas, you had a doctor named Michael  
13 Everson?

14 **A.** Yes.

15 **Q.** And I apologize with everybody that we're going to have  
16 to contend with Dr. Everson's handwriting. And I'm going to  
17 rely on you, Dr. Menninger, because you may be able to  
18 interpret it a little better than the rest of us.

19 Let's actually look at --

20 MS. MANDEL: We're going to look at, Miranda,  
21 page 1139.

22 BY MS. MANDEL:

23 **Q.** Dr. Everson is a psychiatrist in Kansas; is that right?

24 **A.** Yes.

25 **Q.** And you treated with him for some time while you were

1 living in Kansas, right?

2 **A.** Yes.

3 **Q.** Let's look --

4 MS. MANDEL: Miranda, let's go back -- yup. There  
5 we go.

6 BY MS. MANDEL:

7 **Q.** This looks like a note from Dr. Everson, from the dates  
8 7/30, July 30th, 2015. Do you see that, Dr. Menninger?

9 **A.** Yes.

10 **Q.** And I know you testified earlier this week that you had  
11 some ongoing prescriptions for Valium that you kind of kept  
12 with you over time. Is it safe to say that Dr. Everson is  
13 the person who was prescribing it for you?

14 **A.** Yes.

15 **Q.** And it indicates here, under encounter details, it says  
16 "Valium, five milligrams." That's what you were talking  
17 about, right?

18 **A.** Yes.

19 **Q.** Okay. And looking down at the -- you see where it  
20 says, "History of present difficulties"?

21 **A.** Yes.

22 **Q.** And Dr. Everson noted -- fortunately, here we don't have  
23 to worry about the handwriting -- that you had anxiety at the  
24 time, right? You had it since childhood?

25 **A.** Correct.



1     **Q.** And that you were using Valium. And "PRN" means as  
2     needed, right?

3     **A.** Yes.

4     **Q.** Okay. And Dr. Everson noted you were in a lot of stress  
5     at work. So at that time it was during your CRL job, right?

6     **A.** Yes.

7     **Q.** Okay. And that you were going to move to a new job.  
8     That was referring to you taking the position at PPD in  
9     Kentucky, right?

10    **A.** Yes.

11    **Q.** And then Dr. Everson also noted you had been off Celexa  
12    for a year or more. Celexa is an antianxiety and  
13    anti-depression medication?

14    **A.** Yes. And I was taking it for anxiety.

15    **Q.** And you also noted that you didn't use the Valium much,  
16    but you used it for presentations, right?

17    **A.** Yes. But I didn't actually have to give any  
18    presentations at CRL.

19    **Q.** But you did have work stress at CRL that Dr. Everson was  
20    noting here, right?

21    **A.** I had stress -- I had stress about taking on a new  
22    position, and so I think it's a little bit misworded. But I  
23    was letting him know that I was going to be taking a new  
24    position, and I had some anxiety around that.

25           MS. MANDEL: Thanks, Miranda. We can close out of

1       that one.

2       BY MS. MANDEL:

3       **Q.** I know you testified earlier this week that PPD recruited  
4       you in 2015; is that right?

5       **A.** Yes.

6       **Q.** Did PPD fly you out to Kentucky to interview with folks  
7       there?

8       **A.** Yes.

9       **Q.** Do you remember how many people you interviewed with when  
10      you were hired at PPD?

11      **A.** I don't remember the precise number.

12      **Q.** More than five? Fewer than five?

13      **A.** Probably more than five.

14      **Q.** Once you took the position as executive director at PPD,  
15      did PPD pay for you to move from Kansas to closer to Highland  
16      Heights?

17      **A.** Yes.

18      **Q.** And you didn't live exactly in Highland Heights, right?

19      **A.** No. I lived in Cincinnati, which is right across the  
20      border.

21      **Q.** So it's like a short drive from Highland Heights?

22      **A.** Yes.

23      **Q.** And you relocated in the summer of 2015 with your family,  
24      right?

25      **A.** It was in August.

1     **Q.** When you started at PPD in Highland Heights, you were  
2 going into the lab building five days a week, right?

3     **A.** Yes.

4     **Q.** And I know there were other lab locations that you have  
5 talked about this week. We've heard about Brussels and  
6 Shanghai; is that right?

7     **A.** Yes.

8     **Q.** But you were primarily working on a day-to-day basis in  
9 Highland Heights?

10    **A.** Yes. But I was hired to oversee all four global  
11 laboratories.

12    **Q.** Understood. If you can, Dr. Menninger, let's paint a  
13 picture of what this building was like in Highland Heights.  
14 It's one building that has a lab and an administrative area;  
15 is that right?

16    **A.** Yes. There was a laboratory. There were two different  
17 floors that we had different lab sections on. And then there  
18 was an administrative area where offices and cubicles and  
19 things like that were set up.

20    **Q.** And in your executive role, you had an office; is that  
21 right?

22    **A.** Yes.

23    **Q.** And was it in sort of a row, or an area with other  
24 offices?

25    **A.** Yes. It was set up as, like, a perimeter of private

1 offices, kind of in a square, and then cubicles in the  
2 middle.

3 **Q.** Those external offices that were in a square, those were  
4 other executives who were also working in the administrative  
5 building?

6 **A.** Not everyone was an executive, but primar- -- I guess  
7 somewhat.

8 **Q.** And Mr. Mekerri's office, when he began at PPD, was also  
9 located in that area; is that right?

10 **A.** Yes.

11 **Q.** And I know you testified, he traveled some, and you  
12 traveled some. But when you were both in Highland Heights,  
13 fair to say you did see each other on a regular basis?

14 **A.** We did. He traveled extensively, so I didn't see him  
15 very much or know when he was going to be there, but when he  
16 was there, yes, I interacted with him.

17 **Q.** And thinking back to what the world was like before  
18 COVID, did people tend to leave their doors open in that  
19 administrative area, or was it kind of more of a closed-door  
20 setting?

21 **A.** No, we left our doors open. Unless -- unless we were  
22 having a private conversation with someone.

23 **Q.** Understood. Understood. And you testified earlier this  
24 morning that you visited the lab space, I think you called it  
25 "The Pit," whenever you could, right?

1     **A.** I did not call it "The Pit." I referred to the  
2     individual lab sections. And when I started, there was a lot  
3     of construction going on. We were building out new spaces,  
4     upgrading areas. So "The Pit" was more of an old term that I  
5     did not use.

6     **Q.** Understood. And as part of that sort of upgrading and  
7     building out, I understand there are areas that are another  
8     sort of lab term, they are benches; is that right?

9     **A.** Yes.

10    **Q.** Are the benches specific to a customer, a certain type of  
11    testing? Like how are those benches divided up?

12    **A.** Well, first the lab is divided up into lab sections,  
13    based on the type of testing that's being performed. And  
14    then the benches are referring to the specific tests that are  
15    performed in that section. So every -- all the sections have  
16    primarily lab benches.

17    **Q.** And I think earlier this week, you used an example of a  
18    blood sugar test, right?

19    **A.** I believe so.

20    **Q.** Would that be an example of something that would be  
21    performed on a specific bench?

22    **A.** That was performed in the chemistry section, on an  
23    analyzer. So a large instrument. It wasn't really a  
24    bench-type test.

25    **Q.** Okay. And I'm going to expose my own scientific

1       ignorance on that one.

2               So in each bench would have lab techs that were  
3       actually working with the samples, right?

4       **A.**   Correct.

5       **Q.**   And then overseeing their actual work with samples would  
6       be a supervisor?

7       **A.**   Well, there were -- there were more levels, actually, in  
8       between that. There were different levels of med techs, and  
9       then there was a lead med tech, and then there was a  
10      supervisor. And the supervisor oversaw different sections of  
11      the laboratory.

12      **Q.**   So multiple benches would kind of lead up to one  
13      supervisor.

14      **A.**   Yes. If it -- yes. Sometimes. Like chemistry, primary,  
15      was large, automated instruments. It wasn't really benches.  
16      But other laboratories -- or other sections of the  
17      laboratories were primarily more benches than manual-type  
18      testing.

19      **Q.**   And who did those supervisors report to?

20      **A.**   They reported to either -- when I started, they reported  
21      to an associate director. I was told there was another level  
22      below that, as a manager, but that wasn't a position that was  
23      filled.

24               In the Brussels lab, they also reported to an  
25      associate director, who was later promoted to director.

1     **Q.** Were the associate directors that you saw during the time  
2     that you worked at PPD, were they medical doctors like you  
3     are?

4     **A.** No.

5     **Q.** So if the associate director or below them, the  
6     supervisors had questions about the medical details of tests,  
7     who did those questions go to?

8     **A.** It depended on the question. You know, if it was  
9     something related to the testing and the instrumentation,  
10    that was something that they were trained on and had their  
11    own certifications that they had to maintain.

12                 If it was something related to, like, medical  
13    doctor level, then, yes, it would come to myself or it would  
14    go to another doctor who was specialized in an area that I  
15    could not cover.

16    **Q.** And I understand that one of the things was a little more  
17    medical, was something called reference ranges; is that  
18    right?

19    **A.** Yes.

20    **Q.** And reference ranges are, like, the normal range for a  
21    test result; is that right?

22    **A.** Correct.

23    **Q.** So like on the blood sugar example, and I'm going to use  
24    wrong numbers, but let's say that it's like okay for your  
25    blood sugar to be between zero and ten. That's the reference

1 range. And it's above that or below that, it's a problem.  
2 And I know my numbers don't -- is that right?

3 **A.** Correct.

4 **Q.** Okay. And reference ranges was an area where the lab  
5 needed to consult with you, because you were the doctor,  
6 right?

7 **A.** Yes. I had to approve all the reference ranges.

8 **Q.** And it was important to the customers that those correct  
9 reference ranges be used, because that's how they sort of  
10 figured out if what they were doing in medicine development  
11 was working, right?

12 **A.** Yes. But reference ranges are established by each  
13 laboratory, based on the instrumentation reagents, et cetera,  
14 that they're using. And also you have to take into  
15 consideration the population that you're testing. For  
16 example, pediatric reference ranges would not necessarily be  
17 the same as adults.

18 **Q.** Understood. And I think we're probably quite sure that  
19 someone who's not a doctor wouldn't be able to talk  
20 accurately about that.

21 Let's look at the job description for the executive  
22 director of labs role?

23 MS. MANDEL: Miranda, can you bring up 398, please.

24 And I apologize, Dr. Menninger, just a little bit  
25 of a delay to bring up the exhibit. I'm a little less tech



1       savvy in that regard.

2               THE COURT: I'm sorry, what exhibit number did you  
3 say, Ms. Mandel?

4               MS. MANDEL: 398.

5               THE COURT: 3-9-8?

6               MS. MANDEL: Yes.

7               THE COURT: Thank you.

8               MS. MANDEL: A little tech delay. Sorry. There we  
9 go. Thanks, Miranda.

10       BY MS. MANDEL:

11       **Q.** Dr. Menninger, you probably recall we looked at your job  
12 description earlier this week. This was the job description  
13 that you had during the entirety of the time you worked at  
14 PPD; is that right?

15       **A.** I believe so. We had to update them yearly, and -- or  
16 sign off and make sure there were no changes. But, yes, this  
17 looks accurate.

18       **Q.** And sure, that was one of the things, as the executive  
19 director of labs, that you worked with the company on, right?

20       **A.** Yeah, I -- I didn't so much work on it, other than I just  
21 had to review and sign off that I had reviewed it.

22       **Q.** Sure. Understood.

23               MS. MANDEL: And Miranda, can we just make it a  
24 little bit bigger. I know my eyes -- I don't know if it's my  
25 eyes are hard to read it. Thank you.

1 BY MS. MANDEL:

2 Q. Dr. Menninger, at the top it says, "ED of labs." That  
3 refers to the executive director of labs, right?

4 A. Yes.

5 Q. And during the time that you worked at PPD, you were the  
6 only executive director of labs, right?

7 A. No, that's not correct. I think they used the same job  
8 description to describe anyone who was an executive director  
9 level for the Global Central Laboratories, even if it was a  
10 different, like -- if you were executive director of the  
11 Global Central Labs, but you oversaw project management, I  
12 was told that the job description was the same as this.

13 Q. So for the folks who worked at this executive level, this  
14 was the job description?

15 A. Yes.

16 Q. Am I understanding that correctly?

17 A. That's what I was told.

18 Q. Okay. And let's look at the specific job tasks that are  
19 on here. We're going to test our eyes a little bit.

20 If we look down at the, "Supporting business  
21 development," it's the second bullet point next to "Essential  
22 function."

23 Do you see that document here?

24 A. Yes.

25 Q. And it says, "Support business development in obtaining

1 new customers and maintaining relationships."

2 Do you see that?

3 **A.** Yes. Uh-huh.

4 **Q.** And this is something that you worked on, isn't it?

5 **A.** I worked with the executive director of business  
6 development on this particular bullet.

7 **Q.** Okay. And that involved answering customer questions, if  
8 they had questions about the lab capabilities or things like  
9 reference ranges, right?

10 **A.** That usually went to a different department, if it was  
11 something related to reference ranges.

12 **Q.** Well, what about things what the lab could do, you know,  
13 just like the types of testing you could run?

14 **A.** Yes.

15 **Q.** That's something that you could answer?

16 **A.** We would have frequent conversations about the type of  
17 testing that we could perform, based on the regulatory  
18 certifications that we held.

19 **Q.** And that was something that you would answer questions on  
20 behalf of PPD to new customers about, right?

21 **A.** I would. It wouldn't usually go directly to me first.  
22 It would usually go to our scientific affairs department.  
23 And if there was something that they could not answer, then  
24 they would reach out to me. Usually by e-mail.

25 **Q.** Understood.

1           So they sort of screened for the questions that  
2           required your level of input; is that right?

3           **A.** Yes.

4           **Q.** Okay. And you also made yourself regularly available to  
5           answer questions about the lab studies that were being done  
6           for customers; is that right?

7           **A.** The testing portion.

8           **Q.** Sure. The part that actually went to the medical tests,  
9           right?

10          **A.** Yes.

11          **Q.** And if we look at the next bullet point, it  
12          says, "Perform financial reviews, establish operating budget,  
13          and develop forecasts maximizing operating profit, provide  
14          business updates to senior leadership."

15                 And you did that on a regular basis, right?

16          **A.** Yes.

17          **Q.** And if we look at the next -- the next bullet down, it  
18          says, "sets operational standards, goals and directs  
19          implementation of laboratory goals and policies, oversees  
20          resource allocation."

21                 And that's something that you did in connection  
22          with the operations folks, right?

23          **A.** Yes.

24          **Q.** Performs -- next bullet down is "Performs administrative  
25          responsibilities, including HR functions, personnel

1 development, facilities management, writing SOPs and PDs."

2 And I know you talked earlier this week about the  
3 writing up of the standard operating procedures, right?

4 **A.** Yes.

5 **Q.** And you also worked on overseeing -- I know you've talked  
6 about some of the folks working in the lab and your reports.  
7 And you helped carry out the sort of human resources  
8 functions and personnel development for those people, right?

9 **A.** Yes. And it also involved -- they had to submit a  
10 requisition any time they wanted to hire someone that  
11 needed -- I needed to review it and make sure it was  
12 justified and approved. And then I specifically was involved  
13 in the higher level employees that we recruited and hired.

14 **Q.** And you met regularly with the company's senior  
15 leadership team, right?

16 **A.** Yes. We had bi-weekly meetings.

17 **Q.** And those were in-person, Dr. Menninger?

18 **A.** It was a combination of in-person and people calling in.  
19 Because we're a global laboratory, so we had people calling  
20 in from the different global locations.

21 **Q.** Sure. And this sort of like mothership of the lab  
22 locations in the US, it was Highland Heights, because that  
23 was the only US location, right?

24 **A.** Highland Heights was the only US location, yes. But we  
25 treated all four laboratories as equal. I would say Highland

1 Heights had the highest volume of testing.

2 **Q.** Looking at the bullet point that we were just -- that we  
3 were just reviewing, the one that says, "Perform  
4 administrative responsibilities, including HR functions"?

5 **A.** Yes.

6 **Q.** You did regular trainings for the lab staff, right?

7 **A.** That came in different formats. Sometimes we brought  
8 people in. Sometimes we had to get sponsors that would come  
9 in and train on a new product, or assay, or instrument that  
10 they had. So we had different individuals who would do  
11 training. Sometimes it would be one of my direct reports who  
12 would train on a specific area, and sometimes it would be  
13 things like continuing education, where they would watch a  
14 webinar, or like a presentation presented by the College of  
15 American Pathologists, things like that.

16 **Q.** So a mix of things that you needed to do to keep the lab  
17 up to date with whatever they needed to be aware of?

18 **A.** Yes.

19 **Q.** And one of your responsibilities, if we go to the last  
20 bullet, under essential functions, is to oversee quality  
21 assurance and quality control aspects of the lab, to ensure  
22 compliance with regulatory standards.

23 Do you see that?

24 **A.** Yes.

25 **Q.** And I know that you talked a lot this week about the

1 regulatory roles, things like, I think, CAPA and CLIA; is  
2 that right?

3 **A.** Yes.

4 **Q.** And those regulatory requirements came with certain  
5 quality assurance obligations, right?

6 **A.** Yes.

7 **Q.** And that fell within what you did, right?

8 **A.** Yes. Some of it. The portion that related to the lab,  
9 but quality assurance also covers any ancillary departments  
10 that support the lab.

11 **Q.** Sure. And if we look down lower, lower down on the page,  
12 the last kind of box, it says, "Liaison." Do you see that,  
13 Dr. Menninger?

14 **A.** Oh, yes.

15 **Q.** And there it says that the requirement was "to interact  
16 frequently with internal personnel and outside  
17 representatives at various levels."

18 Do you see that?

19 **A.** Yes.

20 **Q.** "Participates and may present at meetings with internal  
21 and external representatives"?

22 **A.** Yes.

23 **Q.** And that's all the kind of stuff that you've just been  
24 describing, right? The training and the --

25 **A.** No, this is -- this is different.

1     **Q.** Okay. So how is this different? What types of things  
2     did this involve?

3     **A.** This would not be considered, like, an essential function  
4     to my job.

5     **Q.** Right. And this is listed. I see. It's listed in a  
6     different box called "liaison," right?

7     **A.** Right. I -- it's written very broadly. But, yeah, so I  
8     would interact with our internal company personnel, and  
9     occasionally outside representatives or clients. I never  
10    presented at any meetings, other than one time I presented a  
11    few slides at our internal sales meeting. And on two other  
12    occasions, I presented like two to three slides for a town  
13    hall presentation.

14    **Q.** And town halls, Dr. Menninger, that's a bigger meeting  
15    within the company, right?

16    **A.** It's a meeting within all the GCL labs, just to give them  
17    high-level updates on what we're doing and the different  
18    areas.

19    **Q.** And when you say GCL, I know that's Global Central  
20    Laboratories, but I just want to make sure that we're -- the  
21    jury understands.

22                    So that's Global Central Labs?

23    **A.** Yes.

24    **Q.** And that would be the Brussels, Shanghai, Singapore, and  
25    the Highland Heights locations; is that right?



1       **A.**   Yes.

2       **Q.**   And let's pop out of that box, and I want to focus your  
3       attention, Dr. Menninger, a little farther --

4               MS. MANDEL: I'm sorry, Miranda, not out of the  
5       exhibit. Just -- thank you.

6       BY MS. MANDEL:

7       **Q.**   Under the "summarized purpose" of the position, at the  
8       top of the page. At the end of that statement, it says, "Up  
9       to 30 percent travel."

10              Is that right?

11       **A.**   Yes.

12       **Q.**   And you did travel from Highland Heights, or from your  
13       home in Cincinnati, to the other lab locations on occasion;  
14       is that right?

15       **A.**   Yes.

16       **Q.**   And, in fact, you needed to visit the Belgium lab, I  
17       think it was three times a year; is that right?

18       **A.**   Yes.

19       **Q.**   And that was some type of regulatory requirement?

20       **A.**   Yes. -- well, not the three times necessarily, but we  
21       had to have a procedure that defined the frequency.

22       **Q.**   Understood. So that there was assurance that there would  
23       be an executive director of labs on site with some  
24       regularity?

25       **A.**   Uh-huh.

1 MS. MANDEL: Okay. And let's go -- Miranda, can we  
2 switch to the next page of the job description, please.

3 BY MS. MANDEL:

4 Q. And this is the second page of your job description from  
5 when you were the executive director of labs; is that right,  
6 Dr. Menninger?

7 A. Yes.

8 Q. And I know that you've testified about this earlier this  
9 week, but I just wanted to make sure that we're clear. If  
10 you look under education and experience, this position  
11 required someone with a Ph.D. or an MD -- that's what you  
12 have, right?

13 A. Correct.

14 Q. And the other option is a DRPH. What's that?

15 A. I think that's a doctor of pharmacy, but I don't think  
16 that would qualify, based on the regulatory standards that  
17 I'm familiar with.

18 Q. And during the time that you were at PPD, it was really  
19 the MD level that --

20 A. MD or Ph.D. level in a specific section.

21 Q. Okay. And the -- underneath that, it talks about  
22 previous experience that's necessary; is that right?

23 A. Yes.

24 Q. And that was, in your case, based on the time that you  
25 had spent at CRL, right? That was about five years. And

1 before that, you had worked in clinical laboratories at the  
2 Saint Luke's system, right?

3 **A.** Yes.

4 **Q.** Okay. And then let's -- let's look at the next page of  
5 the job description, as well. Under, "Working conditions and  
6 environment."

7 Do you see that at the top of the page,  
8 Dr. Menninger?

9 **A.** Yes.

10 **Q.** And it says that the work is performed in an office or  
11 laboratory and/or clinic environment. Do you see that?

12 **A.** Yes.

13 **Q.** And then frequently drives to site locations, travels  
14 within the United States, occasionally international travel?

15 **A.** Yes.

16 **Q.** And that's what you were doing at this time when you were  
17 hired, right, you were driving to Highland Heights. At times  
18 you were flying to Brussels as needed; is that right?

19 **A.** Yes.

20 **Q.** And I believe in 2016, you did fly to Shanghai to visit  
21 that lab; is that right?

22 **A.** Yes. And Singapore.

23 **Q.** And to Singapore. Okay.

24 And my understanding is that Shanghai and  
25 Brussels -- there were sort of different requirements in the

1 different countries for what the lab director really had to  
2 do to be on site; is that right?

3 **A.** In Asia they had local regulations that required the  
4 doctors who were on their laboratory directorship be local.  
5 So there were different doctors listed on their certificates,  
6 but for the purpose of performing testing, I would oversee  
7 that.

8 **Q.** Okay. Understood.

9 Looking down under the -- the "physical  
10 requirements" of your job, skipping the first two which  
11 really had to do more with the really truly physical  
12 requirements. If we look at the one, it's about I think  
13 seven down, it says, "Ability to communicate complex  
14 information and ideas."

15 Do you see that?

16 **A.** I'm having a hard time finding it.

17 **Q.** That's why I'm trying to -- I think it's the seventh  
18 bullet point down.

19 **A.** Okay. Yes.

20 **Q.** Do you see that?

21 **A.** Yes.

22 **Q.** And then under that is "frequently interacts with others,  
23 relates sensitive information to diverse groups, internally  
24 and externally."

25 Do you see that?

1       **A.**   Yes.

2       **Q.**   And that sensitive information might be things like  
3       results of testing or those reference ranges that we talked  
4       about; is that right?

5       **A.**   Correct.

6       **Q.**   Okay. And then if we look down at the -- at the last two  
7       bullets, the second to last one says, "Performing a wide  
8       range of complex tasks as dictated by variable demands and  
9       changing conditions."

10               Do you see that?

11       **A.**   Yes.

12       **Q.**   "And the ability to perform under stress."

13               Do you see that?

14       **A.**   Yes.

15       **Q.**   And the last bullet point there is "Regular and  
16       consistent attendance."

17       **A.**   Yes.

18       **Q.**   Okay. And let's look at the last page. It's actually an  
19       addendum to the job description. And this is -- if you look  
20       down at the last revision date, it says this was added in  
21       2013, right?

22       **A.**   Yes.

23       **Q.**   And this was -- you started working at the company in  
24       2015. So this was before that time?

25       **A.**   Yes.

1     **Q.** And there are some specific requirements under -- it  
2     says, "Under additional specific job responsibilities, serve  
3     as the laboratory director for New York State accreditation."

4     **A.** Correct.

5     **Q.** And I know we've heard this week a couple of mentions of  
6     New York State, and it's a little confusing, of course,  
7     because you were working in Kentucky, but can you explain why  
8     New York State had any relevance here?

9     **A.** If you perform testing on any samples that come from the  
10    State of New York, you have to have New York State  
11    accreditation.

12   **Q.** And so that was a specific requirement that PPD was  
13   making sure that they had in place so that they could get  
14   samples flown in from New York, right?

15   **A.** Yes.

16   **Q.** Okay. And did you have the -- the credentials that were  
17   necessary for PPD to be able to get that New York State  
18   accreditation?

19   **A.** I had some. There are multiple different areas and I  
20   covered a lot of them, but there were some that we did not  
21   have coverage. And those were the positions where I  
22   identified compliance gaps and we were trying to hire to  
23   address that.

24   **Q.** Sure. And I know you talked earlier this week about the  
25   need to hire out to make sure that PPD was in compliance

1       there.

2       **A.**   Yes.

3       **Q.**   The -- the second bullet point there says, "Spend  
4       70 percent of time on site and be available 30 percent of the  
5       time by telephone or computer, as needed."

6               Do you see that?

7       **A.**   Yes.

8       **Q.**   Okay. And on site, when you were hired, was in Highland  
9       Heights at the lab location?

10      **A.**   Yes.

11      **Q.**   Okay. Thank you.

12               Dr. Menninger, you testified a few moments ago that  
13      you did need to visit the Belgium lab location with some  
14      regularity, right?

15      **A.**   Yes.

16      **Q.**   And who set the travel schedule for how often you went to  
17      Belgium?

18      **A.**   I worked with my direct report, who is the lab director  
19      in Belgium, and we kind of set that schedule based on, like,  
20      if there was an inspection coming up or, you know -- we tried  
21      to space it out throughout the year, but sometimes because of  
22      other obligations, you know, there were a couple visits  
23      crammed together really fast and -- yeah, but we -- I set it  
24      with my direct report.

25      **Q.**   Your direct report that was in Belgium?

1       **A.**   Yes.

2       **Q.**   Okay.  And when you went to Belgium, you worked on site  
3       with that direct report?

4       **A.**   Yes.

5       **Q.**   And there was a lab building sort of like the one in  
6       Highland Heights, but located in Brussels?

7       **A.**   Yes.

8       **Q.**   On one trip you took to Belgium, you ran a 10K race; is  
9       that right?

10      **A.**   On the weekend, there were, I believe, three employees  
11      who were planning to run it from the Brussels lab, and they  
12      asked me if I would like to join.  So with some hesitancy, I  
13      agreed.

14      **Q.**   Well, I think you're being humble, because you are a  
15      runner, right?

16      **A.**   I'm not a runner anymore.

17      **Q.**   But you were at that time?

18      **A.**   Just a little.

19      **Q.**   Well, a little?

20      **A.**   I'm not a very good runner.

21      **Q.**   And when you visited the Belgium lab, I know you  
22      mentioned there were inspections?

23      **A.**   Yes.

24      **Q.**   And dealing with inspections and audits, that was part of  
25      your role as lab director?



1     **A.** Not the routine client audits, but definitely the  
2     inspections.

3     **Q.** That was like a regulatory inspection, right?

4     **A.** Right.

5     **Q.** And that's when the regulatory agency would send someone  
6     to look at what was actually physically being done in the  
7     lab?

8     **A.** Yes, that's correct. That was usually done by the  
9     College of American Pathologists.

10    **Q.** And in Belgium, was that also done --

11    **A.** Yeah. Yes. They did international inspections.

12    **Q.** And that required a lab director to be on site when they  
13    were doing the inspection?

14    **A.** Yes. Usually. I have been in inspections where there  
15    have been exceptions to that, but usually, yes, the lab  
16    director is on site.

17    **Q.** How long does one of these inspections last?

18    **A.** Usually they last just one day, sometimes two. It  
19    depends on how big the lab is and how many inspectors there  
20    are.

21    **Q.** And can you describe for the jury what would happen  
22    during one of these inspections?

23    **A.** Well, CAP has a number of regulatory --

24    **Q.** CAP?

25    **A.** Yes. CAP is short for College of American Pathologists.

1 They have a number of -- thousands of regulatory standards,  
2 and they're divided up into sections. So usually what would  
3 happen is they would bring a team out, and there would be an  
4 inspector that would inspect that particular -- one  
5 particular section. And so they would usually meet with the  
6 supervisor of that section, and they would go through the  
7 standards and make sure that we were compliant.

8 **Q.** And if -- safe to say that if PPD didn't have all the  
9 things in place that were needed, you might lose that  
10 accreditation from CAP?

11 **A.** No. It is rare -- I mean, like I said, there are  
12 thousands, over 2,000 standards, so it's rare for any  
13 laboratory to have a CAP inspection and nothing be found.  
14 So, no, that's not the -- that's not how it usually works.  
15 There's a process where you respond. There's a summation  
16 conference at the end of the inspection, where they report  
17 their findings, and there's different levels of the findings.  
18 And then you address them accordingly within usually a month.

19 **Q.** And then everything would be okay, and the lab could  
20 continue to function?

21 **A.** Right. And then they update your certification for  
22 another two years.

23 **Q.** Okay. Dr. Menninger, you spoke earlier this week about  
24 moving from the Highland Heights area -- I know you were  
25 living in Cincinnati, moving to the East Coast. Do you

1 recall that?

2 **A.** Yes.

3 **Q.** And at some point in 2016, you told Mr. Mekerri, who was  
4 your manager, that your daughter was having difficulty in  
5 school; is that right?

6 **A.** On multiple occasions we had those conversations.

7 **Q.** And multiple times from the time Mr. Mekerri started as  
8 your manager until the spring of 2016; is that right?

9 **A.** I believe it was fall of 2016.

10 **Q.** I'm sorry, fall of 2016. Okay. And so safe to say that  
11 you were pretty honest with Mr. Mekerri about the challenges  
12 that your daughter was having at that time?

13 **A.** Yes. We had -- we had a really great relationship and  
14 it -- you know, we would talk to each other about our  
15 families and personal things. And he -- he was very  
16 compassionate and understanding and, yeah, seemed to really  
17 care about my family and my child.

18 **Q.** In 2016, how old was your daughter at that time?

19 **A.** I think around 8 or 9. Eight maybe.

20 **Q.** So that would be elementary school at that time, right?

21 **A.** Yes.

22 **Q.** And I know this must be hard to talk about. Around that  
23 time, you told Mr. Mekerri that she was being bullied in  
24 school; is that right?

25 **A.** Yes.

1     **Q.** Can you describe a little bit more about what was  
2     happening with your daughter in school at that time that  
3     caused you to be concerned?

4     **A.** It started -- I want to say it continued to escalate to  
5     much more concerning episodes, but there was tripping,  
6     targeting during PE, like intentionally trying to throw the  
7     ball to hit her. And there were some kids who would describe  
8     violent acts that they would do to characters that she really  
9     loved and watched on television that was very distressing to  
10    her.

11                 And so we initially tried to address it with the  
12    teacher, and then also the physical education teachers, but  
13    things kept escalating. And Maya became extremely depressed  
14    and we became very concerned. So eventually, we went to  
15    speak to the head of the school. We were very concerned  
16    about the impact that this was going to have on them growing  
17    up, you know, building self-esteem and -- it was just painful  
18    to watch as a mom. You want to protect your child. So,  
19    yeah.

20    **Q.** And I'm sorry to have to ask you about that. I know that  
21    was difficult.

22                 I think you testified earlier this week that  
23    Mr. Mekerri had been accommodating for you to go and have  
24    meetings with the school, as you've just described; is that  
25    right?

1     **A.**   Yeah.  I mean my husband and I went once to meet with --  
2     usually we would do it on, like, off hours, but at PPD, I  
3     mean, I was working nights, weekends.  Since we were a global  
4     lab and we were on different time zones, it was kind of like  
5     you always had your phone and your laptop with you.  So yes,  
6     I would say, okay, we were -- take an hour for me to go to  
7     the school and speak with the head.

8     **Q.**   And at some point in 2016, you talked to Mr. Mekerri  
9     about the idea of possibly moving so that your daughter could  
10    go to a different school; is that right?

11   **A.**   Yes.

12   **Q.**   And around that time, you and your husband started to  
13    look at what school would be best for Maya; is that right?

14   **A.**   Yes.

15   **Q.**   Can you explain where you looked for schools that would  
16    work for your daughter?

17   **A.**   We looked all over the -- the entire country.

18   **Q.**   And what type of school were you looking for in  
19    particular?

20   **A.**   I was just looking for a place -- Maya is a very creative  
21    child and I was just looking for a place that had a school  
22    with diversity, a lot of opportunities to participate in  
23    creative activities, and schools that look like, you know --  
24    Maya and I would look at websites together and I would see  
25    what Maya's reaction was.  And based on some of the clubs

1 they had and the activities. And so that's how we -- that's  
2 how we looked for schools, basically.

3 **Q.** And anything in the US was sort of on the possibility  
4 list, right?

5 **A.** Yes.

6 **Q.** And you ultimately found out about a school in Rhode  
7 Island called The Wheeler School; is that right?

8 **A.** Yes.

9 **Q.** And how did you and your family learn about The Wheeler  
10 School?

11 **A.** It was doing an internet search.

12 **Q.** An internet search?

13 **A.** Uh-huh.

14 **Q.** And you described a few moments ago that you kind of  
15 gauged your daughter's reaction as you looked at schools  
16 online. What jumped out to you or your family about The  
17 Wheeler School?

18 **A.** Maya was extremely excited after looking at their website  
19 and what they had to offer. And you know, it was really nice  
20 for us to see her smile and be excited about a place. So,  
21 yeah, it was one of the schools at the top of our list that  
22 we considered.

23 **Q.** And that's -- that's a private school in Rhode Island; is  
24 that right?

25 **A.** Yes.

1     **Q.** And the school that your daughter had been at in  
2     Cincinnati, was that a public school or a private school?

3     **A.** It was also a private school.

4     **Q.** And at some point in this time period in 2016,  
5     Dr. Menninger, you told Mr. Mekerri that you found a school  
6     that you thought your daughter should go to; is that right?

7     **A.** I'm not sure if it was in 2016 or 2017 when we found that  
8     school, but I mentioned that we found a school that we were  
9     going to take Maya to visit.

10    **Q.** And did you let Mr. Mekerri know that it was in Rhode  
11    Island?

12    **A.** I believe so, yes.

13    **Q.** And after you visited the school, you and your family  
14    decided that that's where your daughter would go; is that  
15    right?

16    **A.** We had to apply and wait to see if Maya would be  
17    accepted. And then I let Hacene know that she was accepted  
18    and he was very happy for me. And so I confirmed that that  
19    was where we were going to relocate.

20    **Q.** And you didn't move to Rhode Island; is that right?

21    **A.** No. It was a little bit too expensive for us around The  
22    Wheeler School, so we found a house a little further out.  
23    And like I said, my husband was a stay-at-home dad, so he  
24    would drive Maya to school and pick them up.

25    **Q.** And so you moved -- well, you started to make

1 arrangements to move to Dighton, Mass.; is that right?

2 **A.** Yes.

3 **Q.** And you told Mr. Mekerri that this was your plan. And  
4 how did he respond to you?

5 **A.** I think he was excited for me. He even had to write --  
6 he wrote a letter for me for, you know, the house that we  
7 were purchasing, because I had to show evidence that I was  
8 still employed. And, yeah, he actually was like if there's  
9 any furniture that you need to set up your office, just let  
10 me know. And I said, no, it's fine. I don't need that. We  
11 can handle that ourselves. So just very supportive.

12 **Q.** And at this time, thinking back to that administrative  
13 area in the Highland Heights location, where you said there  
14 were offices around the periphery, were you aware of any  
15 other folks working in those offices, executives or others,  
16 who moved to different locations and worked from there for  
17 personal reasons?

18 **A.** I'm not sure I'm understanding what you're asking.

19 **Q.** Understood. I'll try to ask that question better.

20 You described a little earlier this morning,  
21 Dr. Menninger, that the kind of administrative area in the  
22 Highland Heights building, where you sat with other  
23 executives and other folks who oversee different parts of the  
24 lab business; is that right?

25 **A.** Yes.



1     **Q.** At the time that you were making arrangements to move to  
2     the East Coast, were you aware of anyone else who was kind of  
3     working in that area, who was making the move to live  
4     somewhere else for personal reasons?

5     **A.** No one at that time, but there were other executive  
6     directors at my level who were already working remote.

7     **Q.** As of 2016?

8     **A.** Yes.

9     **Q.** And who was working remotely as of 2016, to your  
10    knowledge?

11    **A.** Michelle Dockhorn. She was our executive director of lab  
12    partnerships. They kind of managed our large, high profile  
13    clients, and she lived in Kansas, City.

14             And then Caroline Mackie, who was the executive  
15    director for business development. And she lived in  
16    Charlotte, North Carolina.

17             At that time, Michelle Dockhorn was reporting to  
18    Hacene, as well, and so when I said, you know, I want to  
19    throw out this option about what's going on with Maya, he  
20    actually brought up, well, yeah, Michelle's remote. So he  
21    didn't have a problem with it at all. He just wanted to run  
22    it by the person that he was reporting to at the time, who  
23    was David Johnston, who also was fine with it.

24    **Q.** So Mr. Mekerri generally was supportive of his employees  
25    working from where they needed to work from, as long as they

1 could get their job done; is that right?

2 **A.** I can't speak to his opinion about other employees. I  
3 wouldn't --

4 **Q.** At least from what you experienced, though?

5 **A.** I suppose. I don't know.

6 **Q.** Did Mr. Mekerri tell you that he was receiving push back  
7 from other people about the idea of you relocating to  
8 Massachusetts?

9 **A.** No.

10 **Q.** And I know that you mentioned that Mr. Mekerri offered to  
11 get you whatever furniture you would need for your home  
12 office in Dighton; is that right?

13 **A.** Yes.

14 **Q.** And you set up a home office in your basement there?

15 **A.** Yes. We actually had a -- a built-out, finished area  
16 specifically for that purpose.

17 **Q.** And PPD did provide you with things like computer  
18 monitors, a docking station, so that you could set up your  
19 home office and be able to continue your work seamlessly,  
20 right?

21 **A.** Yeah. They -- they shipped two monitors and a docking  
22 station. It might have been the same docking station that I  
23 was using in Highland Heights, but I already had my laptop  
24 and I already had my cell phone.

25 **Q.** And once you moved to Dighton, BPD paid for your travel

1 back to Highland Heights whenever you needed to be there,  
2 right?

3 **A.** Yes.

4 **Q.** Even though you moved for personal reasons, PPD still did  
5 that.

6 **A.** They did that for anyone who had to travel for business  
7 purposes.

8 **Q.** And just to be clear on the dates, Dr. Menninger, you  
9 actually moved to Dighton, it was June 2017; is that right?

10 **A.** Yes.

11 **Q.** And that was your daughter finished out the school year  
12 in Cincinnati, and then you relocated?

13 **A.** Yes.

14 **Q.** So for the rest of 2017, from June to December of 2017,  
15 fair to say you only made the trip back to Highland Heights  
16 twice; is that right?

17 **A.** In July, we were waiting for all of our stuff to arrive,  
18 and then in August, I took some PTO, because I had to take --  
19 I had to take my 10-year recertification board exam. So I  
20 took some PTO because I knew I needed some time to study for  
21 that.

22 After that, I was extensively traveling, every  
23 month. I went to Highland Heights in September, and I turned  
24 around and I went to Belgium, and then I turned around and I  
25 went back to Highland Heights, and then I turned around and

1       went back to Belgium in December. So there was frequent  
2       travel that last quarter -- quarter of 2017.

3       **Q.** So again, looking at the period after you moved in  
4       June 2017, through December, it was two trips to Highland  
5       Heights and two trips to Belgium. Do I have that right?

6       **A.** Yes.

7       **Q.** And I know we looked a few moments ago at that  
8       requirement in the ED of labs description to be on site  
9       70 percent of the time; is that right?

10      **A.** Yes. That was for the position that was to be  
11      permanently located on site in Highland Heights, the position  
12      we were recruiting for.

13      **Q.** And at that time, there wasn't someone else filling that  
14      position, right?

15      **A.** There wasn't because that position was put on hold. But  
16      before that, early in the spring, we found an excellent  
17      candidate that everyone loved, super-qualified, and the  
18      thought was that -- well, I think we actually did make an  
19      offer. And I don't know all the details of why it wasn't  
20      accepted, but I think it had something to do with salary.  
21      And then so, unfortunately, that candidate, who we all  
22      thought was going to take that position, then right after  
23      that, they put the position on hold, so I couldn't recruit  
24      for it.

25      **Q.** And Dr. Menninger, in 2018, the first half of 2018,

1 before you went on medical leave, you made one trip to  
2 Highland Heights; is that right?

3 **A.** Yes.

4 **Q.** And in that first half of 2018, any international trips  
5 to the other labs?

6 **A.** No.

7 **Q.** Let's look back at an exhibit that we looked at earlier  
8 this week.

9 MS. MANDEL: Miranda, can we bring up 378, please.

10 BY MS. MANDEL:

11 **Q.** Dr. Menninger, you may recall looking at this exhibit  
12 earlier in the week. I think you -- you explained that this  
13 is a list of responsibilities that you were doing that you  
14 created for Mr. Mekerri in November of 2017; is that right?

15 **A.** Yes.

16 **Q.** And this was -- your cover e-mail is what you see in  
17 front of you. This is the cover e-mail where you attached a  
18 list of your responsibilities that you were handling; is that  
19 right?

20 **A.** Yes.

21 **Q.** And I just want to look at a few parts of this where we  
22 didn't really focus on on Monday. And I -- I just want to  
23 clarify, you put this list together on your own, right?

24 **A.** Yes.

25 **Q.** Okay. Let's look at the first page of the chart of work

1 tasks. And you may recall, we looked at this the other day.  
2 You first talked about your number of e-mails you were  
3 handling; is that right?

4 **A.** Yes.

5 **Q.** And then looking down at the next item was meetings. And  
6 I know you've talked this morning a fair amount about the  
7 meetings that you were having. And you said this was about  
8 four hours a day, on average?

9 **A.** Yes. You know, it was -- it depends on the week.

10 **Q.** Sure. I mean, there was some variability, I'm assuming?

11 **A.** Yeah.

12 **Q.** And then if we go down, there's a pretty big square that  
13 says, "SciTech projects"?

14 **A.** Yes.

15 **Q.** And one of the things listed under there is -- well, it  
16 says "SciTech projects and questions requiring lab director  
17 input and approval."

18 And you give some examples of what those are,  
19 right?

20 **A.** Yes.

21 **Q.** And you were the lab director giving that input, right?

22 **A.** Yes.

23 **Q.** And if we look over at how much time that was taking,  
24 that's about one to two hours a day that you were spending  
25 that time doing the input on?

1       **A.**   Yes.

2       **Q.**   And then if we look down at the next -- the next box,  
3       where it says, "Internal/external technical consultations"?

4       **A.**   Yes.

5       **Q.**   And I think this is some of what you talked about this  
6       morning, right? Those technical consults?

7       **A.**   Yes. This was -- yes.

8       **Q.**   And this was something you were doing daily, as well?

9       **A.**   Frequently. Maybe not every day.

10      **Q.**   Sure. And can you just explain, so internal versus  
11      external, can you explain what the difference was? You know,  
12      what counted as an internal consultation and what was an  
13      external one?

14      **A.**   Usually the internal consultations were with like a  
15      project manager. And the external were with clients or  
16      another group that was kind of between the client and the  
17      laboratory.

18      **Q.**   And I want to pause, actually, on client, Dr. Menninger,  
19      because I think, you know, the jury might not understand  
20      exactly what that means as part of the PPD lab business.

21               When you say "client," those are the folks who are  
22      engaging PPD to help them with their work, right?

23      **A.**   Yes. It is primarily pharmaceutical companies.

24      **Q.**   So to break this down, to be a little bit more granular,  
25      if a pharmaceutical company is developing a new medicine,

1 they would need to run lab tests to see how patients are  
2 responding to the medicine; is that right?

3 **A.** Our laboratory primarily focused on safety testing. So  
4 we weren't necessarily doing all of their research based  
5 testing. That would go to other laboratories. This was  
6 primarily to make sure that, you know, the -- what they were  
7 developing was not harming the patient in some way.

8 **Q.** So the tests --

9 **A.** It was testing that you would typically run in a hospital  
10 laboratory.

11 **Q.** But PPD worked directly with the customers to do the  
12 testing and report the results back to the customers, without  
13 the hospital --

14 **A.** Yes.

15 **Q.** Understood. So PPD wasn't doing any of its own work or  
16 testing. Right? It was on all on behalf of customers?

17 **A.** Unless there was a new assay that we wanted to bring in.  
18 So, for example, if it was a test that we previously sent out  
19 to another lab to perform because we didn't have a high  
20 volume, and then all of a sudden we got a study with a very  
21 high volume, we would develop that test in our lab, instead  
22 of sending it out.

23 **Q.** And just for the benefits of the jury, an assay is -- can  
24 you explain what an assay is?

25 **A.** It's a laboratory test.



1     **Q.** And I know that you testified earlier this morning about  
2     there being some build out construction going on in the  
3     Highland Heights. I think it was towards the earlier part of  
4     your employment; is that right?

5     **A.** Yes. It was going on at the start of my employment, but  
6     it was also going on throughout. It was going -- we had a  
7     significant build out of a state of the art molecular  
8     laboratory in 2017.

9     **Q.** And that was to add new capabilities for new types of  
10    testing that PPD could do in Highland Heights, right?

11    **A.** Yes. And that was why I was specifically recruiting for  
12    a director for the molecular lab.

13    **Q.** Because molecular is like its own thing that needs a  
14    expert, right?

15    **A.** It requires additional qualifications, yes.

16    **Q.** So looking back at what you were explaining what you  
17    spent your time on on a daily basis, when you said  
18    internal/external technical consultation, the external  
19    computation, you used the term clients, those were folks who  
20    were hiring PPD to run the testing, the safety testing for  
21    medicines, right?

22    **A.** Yes. For the most part.

23    **Q.** Okay. Thank you.

24                   And then let's also look at the next page of  
25    this -- this list you made. We didn't look at this on

1 Monday, but let's look at the next page.

2 So here you listed out, Dr. Menninger, other daily,  
3 weekly, monthly activities. Do you see that?

4 **A.** Yes.

5 **Q.** And there are a lot of things on the list, but if we look  
6 down to sort of just below the halfway point, one of the  
7 things listed is direct reports. And 1:1 is like a one on  
8 one, right?

9 **A.** Yes.

10 **Q.** And that would be a one on one meeting with your direct  
11 reports?

12 **A.** Yes.

13 **Q.** And you would do performance reviews of your reports,  
14 right?

15 **A.** Yes.

16 **Q.** And coaching, as well, right?

17 **A.** Yes.

18 **Q.** And what types of coaching did you do for your reports,  
19 Dr. Menninger?

20 **A.** For example, if I had a particular employee that I was  
21 getting complaints about, I would coach them on whatever the  
22 particular issue was. I had a complaint that one of my  
23 direct reports did not have a great communication style and  
24 so I did some coaching on that. But it was basically  
25 coaching on areas where they might be able to improve or it

1 could be coaching on, you know, say they had a goal to  
2 advance in their career, and what steps might they take to  
3 pursue that.

4 **Q.** And you would -- you would do that coaching as part of  
5 those one on one meetings that you had?

6 **A.** Yes. But also sometimes in addition, if it was -- if I  
7 felt like it needed to be done immediately.

8 **Q.** You would take the employee aside and talk to them about  
9 those issues?

10 **A.** Yes.

11 **Q.** Let's switch gears and bring up -- let's?

12 MS. MANDEL: Your Honor, is this -- would you like  
13 to break?

14 THE COURT: I think keep going. I think we'll go a  
15 little bit longer. We'll take the break more like 11:15 or  
16 so.

17 MS. MANDEL: Perfect. Thank you.

18 Let's switch to Exhibit 80. This is Joint  
19 Exhibit 80.

20 BY MS. MANDEL:

21 **Q.** Dr. Menninger, this is a series of e-mails, and you see  
22 Chad St. John's name, and Mr. Mekerri, who we've heard about,  
23 as well. And Brent McKinnon is one of the folks on here. I  
24 believe you testified earlier this week, but let's just  
25 remind the jury, who's Brent McKinnon?

1     **A.** He was the executive director for quality assurance.

2     **Q.** So based on your understanding, Mr. McKinnon was  
3 responsible for making sure that the quality level was where  
4 it needed to be for customers and for all of those  
5 accreditation standards; is that right?

6     **A.** He coordinated the quality assurance activities. I  
7 wouldn't say he was directly responsible for them.

8     **Q.** Understood. Let's look -- if we look in the -- zoom into  
9 the middle of the page, there's an e-mail that Brent McKinnon  
10 sent to Mr. Mekerri. And it looks like he copied Mr. St.  
11 John in HR; is that right?

12     **A.** Yes.

13     **Q.** And Mr. McKinnon sent this e-mail on October 11, 2017.  
14 So and just for context, Dr. Menninger, this is after you had  
15 moved to Massachusetts, right?

16     **A.** Yes.

17     **Q.** Okay. And Mr. McKinnon said, "Good afternoon, Hacene,"  
18 and that's Hacene McCarry, "hope your EU trip is going well"  
19 the EU is the European Union, right?

20     **A.** Yes.

21     **Q.** Okay. "I wanted to follow-up with our discussion  
22 regarding on site time for the US lab director."

23             And at this point, you were the US lab director; is  
24 that right?

25     **A.** Yes. But I think he was referring to -- he knew we were

1 hiring for this position and it looks like he was asking for  
2 any updates.

3 **Q.** Okay. And then he says -- and we'll look at the below  
4 e-mail, it says, "Below Kathy has highlighted this concern  
5 for Lisa."

6 And fair to say that that's referring to you,  
7 Dr. Menninger?

8 **A.** Yes.

9 **Q.** "Following research specific to NYS."

10 That's that New York state standard that you  
11 described earlier?

12 **A.** Yes.

13 **Q.** "And therefore, I wanted to let you know I know we are  
14 active on the recruiting front, but this can turn out to be a  
15 significant issue with the NYSDOH."

16 Is that New York State Department of health?

17 **A.** Yes.

18 **Q.** "Inspection which is about a month away."

19 Is that right?

20 **A.** Yes.

21 **Q.** And I know you talked about inspections, but when those  
22 regulatory inspections happened, that was when whatever lab  
23 it was needed to be able to show everything was in compliance  
24 and sort of dotting the Is and crossing the Ts, right?

25 **A.** Yes.

1     **Q.** And so it sounds like Mr. McKinnon here was expressing  
2     concern about whether that would be possible, given this  
3     upcoming inspection by New York; is that right?

4     **A.** I think this was a concern that Kathy, his direct report,  
5     had.

6     **Q.** And let's look at that. So underneath Mr. McKinnon's  
7     e-mail, is another e-mail. This is October 11th that same  
8     day, in 2017. And this is an e-mail from Kathy Dick. And  
9     you said Kathy Dick was Mr. McKinnon's report on the quality  
10    side?

11    **A.** Yes.

12    **Q.** It's an e-mail from Kathy Dick and it actually went to  
13    you and to Lorraine McNamara.

14                 Who is Lorraine McNamara?

15    **A.** She was the lab director of the Belgium lab and she was  
16    the acting interim director, who was overseeing the US lab  
17    supervisors, while -- because our associate director had left  
18    that position in the spring.

19    **Q.** And this was what you were describing earlier, like that  
20    kind of open position that was covered on an interim basis?

21    **A.** This was -- this was one of them.

22    **Q.** And then there was also a copy of the e-mail went to  
23    Mr. McKinnon, right?

24    **A.** Yes.

25    **Q.** And let's look up -- so this is an e-mail where Kathy

1       Dick said to you and to Lorraine, the middle paragraph is, "I  
2       do have a concern as we approach New York state inspection,  
3       the standard as written has the expectation that a full time  
4       lab director, serving as the primary CQ holder."

5               What is CQ, Dr. Menninger?

6       **A.**   I do not remember what that stands for, but basically  
7       it's referring to you have a primary director for the New  
8       York certification, and then you have CQ holders for  
9       different sections, because it's -- usually -- usually you  
10      don't have one person who is an expert in all of the  
11      sections.

12      **Q.**   Understood. And New York had a ton of requirements,  
13      right?

14      **A.**   They had a lot of different areas where they had CQ  
15      holders.

16      **Q.**   And then this paragraph goes on. It says, "The standard  
17      does provide a statement that time on site should be defined  
18      in the lab director job description, which is written as  
19      70 percent of the time being on site."

20              Do you see that?

21      **A.**   Yes.

22      **Q.**   And then it says that the JD, the job description, and  
23      the standard are attached. And we looked at those today and  
24      saw that 70 percent, right?

25      **A.**   Correct.

1       **Q.** "And this was required as an outcome of our previous New  
2       York state inspection."

3               Do you see that?

4       **A.** Yes. I do.

5       **Q.** And the next paragraph says, "While we can certainly show  
6       evidence of lab director support through IM. "

7               That's instant message; is that right?

8       **A.** Yes. But the document changed.

9               MS. MANDEL: Yeah. We're just going to blow up  
10       that bottom paragraph.

11              Thanks, Miranda.

12       BY MS. MANDEL:

13       **Q.** "Through IM, email, phone, et cetera, we are currently  
14       out of compliance with the standard and the job description."

15              Do you see that?

16       **A.** Yes. But that's not accurate. It wasn't a New York  
17       standard. I think this was a concern Kathy Dick had, based  
18       on an inspection that happened with her, prior to me joining  
19       PPD.

20       **Q.** And the next sentence, Ms. Dick does talk about in the  
21       past New York state to push back on the way this was being  
22       covered, right?

23       **A.** Right.

24       **Q.** And the last sentence, Ms. Dick said the New York profile  
25       still had you listed as being on site Monday through Friday,



1 8:00 to 5:00, right?

2 **A.** Right.

3 **Q.** And at this time, you weren't on site, because you were  
4 working from Massachusetts the majority of the time, right?

5 **A.** Yes. This was a concern for me, as well, because this is  
6 the position that was put on hold, and I had a candidate that  
7 met all of these requirements that we wanted to hire, and  
8 then, all of the sudden, they put the position on hold. So I  
9 couldn't hire to fill that position.

10 Regardless, we had an excellent State of New York  
11 inspection.

12 **Q.** And before we get there, back to that e-mail from  
13 Mr. McKinnon, and this was just a little bit later on  
14 October 11, 2017, you see Mr. McKinnon was forwarding on this  
15 concern to both Mr. Mekerri and Mr. St. John to make them  
16 aware of the concern, right?

17 **A.** Yes. It's a little bit small, hard to read.

18 **Q.** Yup. And we can make that middle section bigger again.

19 MS. MANDEL: Thanks Miranda.

20 BY MS. MANDEL:

21 **Q.** And this is where Mr. McKinnon e-mails both Mr. Mekerri  
22 and Mr. St. John. And again, this is October 11, 2017. And  
23 it says Kathy -- and that's Kathy Dick, right? Highlighted  
24 this concern to Lisa -- and Lisa is referring to you, right?

25 **A.** Yes.

1       **Q.**   Okay.  Thank you.

2                   Now, I want to look back at Joint Exhibit 377,  
3       which is one that we looked at earlier this week.  And now we  
4       have this additional context from Mr. McKinnon, before he  
5       provided this 360 feedback to Mr. Mekerri.  Is that right?

6       **A.**   Yes.

7       **Q.**   So -- and we looked at this earlier this week, but  
8       this -- Mr. McKinnon sent this e-mail a few weeks later.  
9       This is November 29, 2017.

10      **A.**   Yes.

11      **Q.**   And it begins, the e-mail he says, "Hi, Hacene" -- that's  
12      Mr. Mekerri.  "Thanks for the opportunity to provide my  
13      input.  See below."

14                   Do you see that?

15      **A.**   Yes.

16      **Q.**   And there are a number of people listed below, and I know  
17      we talked about this a little bit earlier this week, but 360  
18      input, that is when different folks in the company could  
19      provide their input about having worked with various people;  
20      is that right?

21      **A.**   Yes.

22      **Q.**   And so you didn't report to Mr. McKinnon and he didn't  
23      report to you, right?

24      **A.**   Correct.

25      **Q.**   But you did report to Mr. Mekerri; is that right?

1       **A.**   Yes.

2       **Q.**   And as you've described, your role in quality did have  
3       some kind of overlap at times with Mr. McKinnon's role,  
4       right?

5       **A.**   Yes.   At a high level.

6       **Q.**   And so fair to say that Mr. Mekerri was reaching out to  
7       people who did interact with you and others to get that  
8       input, right?

9       **A.**   Yes.   But I rarely interacted with Brent McKinnon.   I  
10      interacted more with his direct reports.

11      **Q.**   Understood.   Let's blow up the section about the 360  
12      feedback that Mr. McKinnon gave regarding you, Dr. Menninger.  
13      And this is what we looked at the other day, as well.

14               So this is -- again, this is just a few weeks that  
15      Mr. McKinnon had forwarded that e-mail from Kathy Dick,  
16      right?

17      **A.**   I believe so.   I don't remember the date on the last  
18      e-mail.

19      **Q.**   And Mr. McKinnon said, "My feedback with Lisa" -- and  
20      that's your, right -- "is mixed, as you and I have  
21      discussed."

22               Right?

23      **A.**   Yes.   That's what it says.

24      **Q.**   And then it says, "While I feel that Lisa is technically  
25      strong, and a nice person, she has not demonstrated the

1 leadership strength that I would expect. Lisa has been very  
2 indecisive on numerous, important matters."

3 And then he lists out what those things are. Do  
4 you see that? "Lab training, competency, documentation, and  
5 supervisor responsibilities."

6 **A.** I do see that.

7 **Q.** "That had resulted in lingering compliance concerns  
8 raised by internal auditors, SLT peers" -- wait, SLT, is that  
9 senior leadership team?

10 **A.** Yes.

11 **Q.** "And customers. She has been dismissive of repetitively  
12 raised concerns regarding the lack of bench level  
13 supervision, and since her decision to relocate, she has been  
14 lackadaisical toward her time on site in the US lab; this  
15 style has led to an environment where lack of accountability  
16 is prevalent and overall disrespect for leadership decisions  
17 persist."

18 Do you see that?

19 **A.** Yes.

20 **Q.** And at this point, Dr. Menninger, this is November of  
21 2017, right?

22 **A.** Yes.

23 **Q.** And I think based on your testimony from earlier this  
24 week, we have established that that was about -- about two  
25 months before you told PPD or Mr. Mekerri that you had a

1 disability; is that right?

2 **A.** I -- I told them I had a disability on December -- around  
3 January 11, 2018.

4 **Q.** So this is a couple months before that?

5 **A.** Approximately.

6 MS. MANDEL: Yeah, thanks, Miranda. We can close  
7 out of that.

8 BY MS. MANDEL:

9 **Q.** And you testified earlier this week, Dr. Menninger, that  
10 Mr. Mekerri told you in December of 2017 that he wanted to  
11 increase certain parts of your role. Right? Social  
12 interactions, different types of visibility?

13 **A.** He said that he was considering some changes to my role  
14 in 2018, and that we would discuss those further after the  
15 holidays.

16 **Q.** So this is before the holidays, in December of 2017,  
17 Mr. Mekerri told you that he was thinking about these  
18 changes.

19 **A.** Not changes, just -- well, yeah, additional things that  
20 he had in mind for my role. And he gave an example of  
21 presentations to clients.

22 **Q.** And Mr. Mekerri described at that time, I think you  
23 testified, additional visibility. Is that right?

24 **A.** I believe so.

25 **Q.** And when Mr. Mekerri told you this in December of 2017,

1 what did you understand additional visibility to mean?

2 **A.** Well, he -- he gave me an example of formal PowerPoint  
3 presentations in front of pharmaceutical clients.

4 **Q.** And was this discussion that you had with Mr. Mekerri in  
5 December 2017, was that an in-person conversation?

6 **A.** No. That was by phone.

7 **Q.** Because you were not in Highland Heights. You were in  
8 Dighton at that time; is that right?

9 **A.** Correct.

10 **Q.** Okay. And I know that you -- you testified earlier this  
11 week that at various points you prepared slides, PowerPoint  
12 slides, for different purposes?

13 **A.** Rarely, yes.

14 **Q.** So at this point, you had some experience doing slides on  
15 behalf of the lab business, and Mr. Mekerri was talking about  
16 kind of growing that part of what you were doing?

17 **A.** I had done a few slides internally, but never for  
18 clients.

19 **Q.** And I know you just testified a few moments ago, then it  
20 was -- it was after the holidays, on January 11th, that you  
21 told Mr. Mekerri that you wanted to let him know about a  
22 disability that you had?

23 **A.** Yes. And it was because of what he brought up in that  
24 December meeting.

25 **Q.** So in December, Mr. Mekerri told you about wanting to

1 kind of increase your visibility in certain ways, and because  
2 of that, you wanted to let him know that you had a  
3 disability?

4 **A.** I wanted to let him know, because he gave me the  
5 impression that he wanted me to give large and formal  
6 presentations in front of pharmaceutical clients, and I knew  
7 what impact that would have on me and actually mentioned at  
8 the time that that would make me anxious, and he responded  
9 with, you know, oh, but your CV is so impressive. I've seen  
10 you present. You do such an excellent job. And, yeah, that  
11 was the extent of it, but I was anxious because of that  
12 potential change in my role.

13 THE COURT: Sure. Break here.

14 Ladies and gentlemen. Take the morning break.

15 All rise for the jury.

16 (The jury exits the courtroom.)

17 THE COURT: I'll find out what that is when they  
18 come back.

19 That was not 23 minutes.

20 MR. HANNON: I owe you minutes, Your Honor.

21 THE COURT: You're in phase two or ten, no matter  
22 what. I would have given you that amount of time, because it  
23 was only said you said 23 minutes because you were so  
24 confident. That makes me worry about Friday. So just so  
25 we're clear, you have to make next Friday, unless

1 something -- unless there's a snowstorm or something like  
2 that. I leave it to all of you to figure out your timing  
3 with that in terms of -- did I tell them -- did they raise a  
4 thing about Monday?

5 THE DEPUTY CLERK: Uh-uh.

6 THE COURT: Okay. I'll tell them at the end of the  
7 day, about the schedule, and we're on track.

8 So we'll resume at 11:30. Thanks.

9 (Court in recess at 11:16 a.m.

10 and reconvened at 11:30 a.m.)

11 THE COURT: You can go get the jury.

12 (The jury enters the courtroom.)

13 THE COURT: You can proceed, Ms. Mandel.

14 BY MS. MANDEL:

15 Q. Dr. Menninger, you started to see a new psychiatrist in  
16 the -- towards the end of January 2018; is that right?

17 A. Yes.

18 Q. And that was Dr. Marianna Kissimian?

19 A. That's correct.

20 Q. She is located in Providence or she was located in  
21 Providence?

22 A. Yes.

23 Q. And going back to sort of prepandemic times, you saw her  
24 in person, in an office?

25 A. Yes. Most of the time.



1 Q. Most of the time.

2 And when you first went to see Dr. Kissimian, in --  
3 I believe it was January 22, 2018, is that right?

4 A. I lost the --

5 Q. Yeah, we'll look at that exhibit in a minute, but it was  
6 around January 22, 2018?

7 A. I believe so. I don't have the date memorized.

8 Q. Understood. We're going to look at those notes.

9 And you reported to Dr. Kissimian that you were  
10 concerned about how you would respond with anxiety about  
11 things that PPD was asking you to get more involved in; is  
12 that right?

13 A. I told her about the changes to my role that Hacene  
14 brought up and my -- my concerns with how that would affect  
15 my condition.

16 Q. And that's what prompted you to go see Dr. Kissimian at  
17 that point?

18 A. Yes. I also had some documentation that I needed to get  
19 filled out for HR.

20 Q. That was accommodation paperwork for HR?

21 A. Yes.

22 Q. Dr. Menninger, even though Mr. Mekerri told you about  
23 these changes that he was planning or, you know, kind of  
24 adjustments that he wanted to make to your role in December  
25 of 2017, he never actually implemented any of those changes,

1 correct?

2 **A.** That's correct.

3 **Q.** Dr. Menninger, I also want to be clear, no one at PPD  
4 ever said anything negative about any of your disabilities.  
5 Isn't that right?

6 **A.** That's correct. But it was confidential.

7 **Q.** Yes. I understand that. But you didn't hear anyone say  
8 anything that was negative, expressed negative views about  
9 your anxiety or anything like that, right?

10 **A.** No, there was no one else who knew, other than HR and  
11 Hacene.

12 **Q.** And I also want to clarify, PPD never put you on any sort  
13 of performance improvement plan; is that right?

14 **A.** That's correct.

15 **Q.** And you never, throughout your employment, received any  
16 kind of written discipline or anything like that, right?

17 **A.** That's correct.

18 **Q.** You mentioned a couple moments ago that you went through  
19 some accommodation paperwork after you told PPD about your  
20 anxiety; is that right?

21 **A.** Yes. I've followed up with Chad to find out if there  
22 were any forms or a particular process that I needed to  
23 follow.

24 **Q.** And "Chad" is Chad St. John in HR?

25 **A.** Yes.

1     **Q.** And I know we saw his name earlier today, but he was the  
2     HR director that the folks in Highland Heights worked with on  
3     a daily basis for any HR needs; is that right?

4     **A.** Yes.

5     **Q.** Within a few days of you telling Mr. Mekerri about your  
6     anxiety on January 11th, Mr. St. John reached out to you to  
7     discuss accommodation paperwork, correct?

8     **A.** That's correct.

9     **Q.** And I know that was a long time ago, so let's pull up  
10    that communication.

11                 MS. MANDEL: Miranda, I apologize, we're going to  
12    start with Joint Exhibit 407.

13    BY MS. MANDEL:

14    **Q.** So this is an e-mail, Dr. Menninger, that's dated  
15    January 15, 2018, from Chad St. John to you. Do you see  
16    that?

17    **A.** Yes.

18    **Q.** And again, it was January 11th that you told Mr. Mekerri  
19    that you had anxiety?

20    **A.** Yes.

21    **Q.** Let's just go through this e-mail. So starting at the  
22    top, Mr. St. John said, "I spoke with Hacene," that's Hacene  
23    Mekerri?

24    **A.** Yes.

25    **Q.** He said, "I fully appreciate the sensitivity in the

1 information that you have disclosed" -- and actually, he  
2 refers back to that January 11th date. Do you see that?

3 **A.** Yes.

4 **Q.** You -- you inform Mr. Mekerri of your limitation. And  
5 then below that -- and then he actually also said that  
6 eluded -- and maybe that was meant to say alluded to a need  
7 for an accommodation to be able to perform the essential  
8 functions of your job. Do you see that?

9 **A.** Yes.

10 **Q.** And beneath that, Mr. St. John explained that PPD  
11 complies with the Americans with Disabilities Act and wants  
12 to support you so that you can continue to perform your job  
13 duties; is that right?

14 **A.** Yes.

15 **Q.** And then Mr. St. John explained the process is  
16 interactive and he looked forward to having this conversation  
17 with you.

18 MS. MANDEL: Let's just go up a little bit,  
19 Miranda. Sorry about that.

20 BY MS. MANDEL:

21 **Q.** And then he explains further, "PPD has a formal process  
22 that will allow us to identify or substantiate your  
23 disability limitations and effective accommodations. And  
24 then he explained that, to start the process, there are two  
25 forms that would be needed, and one is a request for

1 accommodation form that would be completed by you, and the  
2 other is a physician statement."

3 Is that right?

4 **A.** Correct.

5 **Q.** And then Mr. St. John explained that the second form was  
6 to be completed by your doctor, "Please take your job  
7 description" -- which he attached, "to your medical provider,  
8 and review how your medical condition might affect your job  
9 functions."

10 Do you see that?

11 **A.** Yes.

12 **Q.** And he explained that the form would include information  
13 for your doctor regarding what major life activities are  
14 limited, and he explained this accommodation process; is that  
15 right?

16 **A.** Yes.

17 **Q.** And then going down further, Mr. St. John explained how  
18 long you had to return the form, that you had 15 days to get  
19 it back, although he also explained that, you know, you might  
20 get -- you could get more time.

21 And let's look at the paragraph that begins, "I  
22 have also included EAP information."

23 Do you see that, Dr. Menninger?

24 **A.** Yes.

25 **Q.** Do you recall what EAP is?

1     **A.** I believe it was -- stood for employee assistance  
2     program.

3     **Q.** And then Mr. St. John said, "I can certainly share FMLA  
4     and STD." Is that Family Medical Leave Act and short-term  
5     disability information?

6     **A.** Yes, I see that.

7     **Q.** "If you need to pursue those avenues." And then he says,  
8     "please let me know if you have any questions."

9             And then let's look at what those attachments are.

10            MS. MANDEL: So if we look at the next couple of --  
11     Miranda, that's look at pages 24 to 27.

12            So these are in the attachments.

13            And I think, Miranda, the Bates number 24. Thank  
14     you.

15     BY MS. MANDEL:

16     **Q.** So this is that physician's statement for accommodation,  
17     and it was a blank -- a blank version of that form. Is that  
18     right, Dr. Menninger?

19     **A.** Yes.

20            MS. MANDEL: And then, Maria, can we -- let's just  
21     scroll down and look at the other -- the following couple of  
22     pages.

23     BY MS. MANDEL:

24     **Q.** And this request for accommodation form continues to be  
25     completed by your doctor; is that right?

1       **A.**   Correct.

2       **Q.**   And this is what you described taking to Dr. Kissimian  
3       when you first went to see her on January 22nd, is that  
4       right?

5       **A.**   That's correct.

6               MS. MANDEL:   Okay.   And Miranda, can we go to Bates  
7       number 28, please.

8       BY MS. MANDEL:

9       **Q.**   So this is that EAP paperwork.   This is information about  
10      what you said was the employee assistance program; is that  
11      right, Dr. Menninger?

12      **A.**   It looks like it.   I actually never opened it up.

13      **Q.**   You didn't open this attachment?

14      **A.**   No.

15      **Q.**   Do you see it says, "What can my EAP and work life  
16      services benefit do for me"?

17               This is kind of in the middle of the page.

18      **A.**   Yes.

19      **Q.**   And it says, "You may be struggling with stress at work,  
20      seeking financial or legal advice, or coping with the death  
21      of a loved one."

22               Do you see that?

23      **A.**   Yes.

24      **Q.**   And then it lists out things that this EAP program can  
25      help with, and it includes depression, anxiety, stress, down

1 below it includes living with chronic health conditions, it  
2 includes child care. Do you see that?

3 **A.** Yes.

4 **Q.** And since you didn't open this, Dr. Menninger, is it fair  
5 to say that you didn't pursue any of these services?

6 **A.** No. I felt my condition was more serious than what the  
7 EAP could address.

8 **Q.** Although in fairness, you didn't know, because you didn't  
9 open the document; is that right?

10 **A.** No. But I knew about the EAP program.

11 **Q.** You were aware of it. And then after Mr. St. John sent  
12 you all of this information, that's when you went to see  
13 Dr. Kissimian, and that was a week later, on January 22nd?

14 **A.** Yes.

15 **Q.** And you took the paperwork from Mr. St. John to  
16 Dr. Kissimian?

17 **A.** I either handed to her, or I'm emailed it. I don't  
18 remember which.

19 **Q.** And after you gave that paperwork to Dr. Kissimian, both  
20 Dr. Kissimian and you filled out your different portions of  
21 the paperwork; is that right?

22 **A.** Yes.

23 MS. MANDEL: Let's look at Joint Exhibit 47,  
24 please, Miranda.

25 BY MS. MANDEL:



1     **Q.** So this first -- the first page here is an e-mail from  
2     Dr. Kissimian to Chad St. John. And this was sent on  
3     January 31, 2018; is that right?

4     **A.** Yes.

5     **Q.** And Dr. Kissimian said, "Chad, per our conversation, the  
6     forms are attached." So at this point, it seems like Mr. St.  
7     John and Dr. Kissimian had already talked?

8     **A.** Yes.

9     **Q.** And there are the attachments. This was the physician  
10    form that Dr. Kissimian sent back. Let's look at that.

11                 MS. MANDEL: Can we go to the next page, please.  
12    Thanks, Miranda.

13    BY MS. MANDEL:

14    **Q.** So this is the same form that we saw in blank, this is  
15    the one that Dr. Kissimian filled out and sent back to  
16    Mr. St. John; is that right?

17    **A.** Yes.

18    **Q.** And it's a little hard to tell exactly what Dr. Kissimian  
19    wrote in, but you can see, under number 3, it says, "What is  
20    the impairment?"

21                 Do you see that?

22    **A.** Yes.

23    **Q.** And Dr. Kissimian listed panic disorder with agoraphobia,  
24    social anxiety, generalized anxiety disorder.

25                 Do you see that?

1       **A.** Yes.

2       **Q.** Dr. Menninger, can you explain in laymen's terms what  
3       agoraphobia is?

4       **A.** It's a fear of places or situations that might trigger a  
5       panic attack.

6       **Q.** And it's specific to situations being around other  
7       people, right?

8       **A.** No, I'm -- not necessarily. I'm not a psychiatrist, so I  
9       don't know the precise definition, but I don't think it is  
10      specific to being around other people. I think it's just  
11      anything that you would anticipate could cause a panic  
12      attack, like place or situation.

13      **Q.** Okay. And these were -- these were conditions that, as  
14      you understood, you had been dealing with up until this  
15      point, but you had not told PPD about; is that right?

16      **A.** Yes. I had never actually been diagnosed with panic  
17      disorder with agoraphobia before this. But I knew I had  
18      panic attacks and I was diagnosed with social anxiety  
19      disorder and generalized anxiety disorder.

20      **Q.** And in the next question, it says, "Is the impairment  
21      permanent, long term, or temporary?"

22                      And then it says, "If it is not permanent, what is  
23      the expected duration of impairment?"

24                      And then Dr. Kissimian responded "Impairment is  
25      long term with a chronic course."

1 Do you see that, Dr. Menninger?

2 **A.** Yes.

3 **Q.** And that's when Dr. Kissimian was explaining that this  
4 wasn't going to go away. Is that right?

5 **A.** That's correct.

6 **Q.** And if we look down in the next, number five, this is  
7 where Dr. Kissimian explained how the diagnoses that she  
8 listed above would affect your work situation in particular,  
9 right? Do you see that, number 5?

10 **A.** Yes. I don't --

11 THE COURT: Yes, you see number 5, or yes to the  
12 other question?

13 THE WITNESS: Yes, I see number 5.

14 MS. MANDEL: You see number 5. Okay.

15 THE WITNESS: It's very small now.

16 MS. MANDEL: Yeah, I think Miranda was just going  
17 to blow that back up. I think she was highlighting that so  
18 that you would be able to see a little bit more clearly.

19 BY MS. MANDEL:

20 **Q.** Can you see that now, Dr. Menninger?

21 **A.** Yes.

22 **Q.** Okay. And this specifically, this question is about --  
23 it says, "What condition or limitation is or are interfering  
24 with the employee's ability to perform the essential  
25 functions of his or her job?" And it says, "Based on the

1 attached job profile."

2 Do you see that?

3 **A.** Yes.

4 **Q.** So keeping your job profile in mind, Dr. Kissimian wrote  
5 down below, "Lisa suffers from panic disorder with  
6 agoraphobia, social anxiety disorder, and generalized anxiety  
7 disorder."

8 Do you see that, that's the first sentence?

9 **A.** Yes.

10 **Q.** "This disability significantly interferes with Lisa's  
11 ability to perform major life activities, such as thinking,  
12 concentrating, communicating, and working. Lisa is most  
13 affected in social situations when she is required to speak  
14 in front of others. Despite these limitations, Lisa reports  
15 that she has historically fulfilled the essential functions  
16 of her job without accommodation. However, she frequently  
17 suffers from anxiety and other somatic symptoms triggered by  
18 social interactions and public speaking incident to her job."

19 Do you see that?

20 **A.** Yes.

21 **Q.** And let me ask you -- and I understand that you're not a  
22 psychiatrist, Dr. Menninger, but when you read this, do you  
23 understand what somatic symptoms are?

24 **A.** Yes.

25 **Q.** That's kind of like a physical reaction; is that right?

1       **A.** Yes.

2       **Q.** And then it goes on to say, "Further, Lisa's supervisor  
3 recently identified potential changes to her role involving  
4 more public speaking and social interactions. This has  
5 caused Lisa to experience increased anxiety with somatic  
6 symptoms, including diarrhea, heart racing, sweatiness,  
7 increased respiratory rate."

8               Do you see that, as well?

9       **A.** Yes.

10       **Q.** And you would agree that this is what Dr. Kissimian wrote  
11 in response to any questions about how this would impact  
12 work; is that right?

13       **A.** Yes.

14       **Q.** Now, let's look at number 6, which kind of straddles two  
15 pages. In this question, Dr. Kissimian was responding to  
16 what, if any, of your job functions you would have trouble  
17 performing, based on your job description; is that right? Do  
18 you see that, the question, number 6, based on conditions,  
19 limitations?

20       **A.** Yes. I just need a second to read it.

21       **Q.** Of course. Of course.

22               Have you seen that question now, number 6?

23       **A.** Yes.

24       **Q.** Okay. And then Dr. Kissimian wrote, "Lisa's disability  
25 makes it extremely difficult for her to engage in public

1 speaking and social interactions. While Lisa has been able  
2 to tolerate these types of activities to the extent that  
3 they've been necessary for her job, they often cause her to  
4 suffer from anxiety and other somatic symptoms. Any changes  
5 of her role that increase the need for public speaking and/or  
6 social interaction will increase her anxiety and worsen her  
7 somatic symptoms which will make it substantially more  
8 difficult, if not impossible for Lisa to perform her job."

9 Do you see that?

10 **A.** Yes.

11 **Q.** Okay. And then let's look down at how Dr. Kissimian  
12 fills out the rest of the form.

13 So the next -- the next one is a question about  
14 what accommodation Dr. Kissimian would recommend that would  
15 allow you to perform your job. Do you see that? It says if  
16 the employee cannot perform the essential job functions --

17 THE COURT: I think it would be helpful if you blew  
18 it up, just because it's hard to read. It's pretty small.

19 MS. MANDEL: Thank you.

20 BY MS. MANDEL:

21 **Q.** Do you see where it says, "If the employee cannot perform  
22 the essential functions"?

23 **A.** Yes.

24 **Q.** Number 7. Okay. And then it says, "What accommodations  
25 would you recommend which could allow the employee to better

1 perform his or her job functions? Please specify."

2 Do you see that?

3 **A.** Yes.

4 **Q.** And Dr. Kissimian wrote, "Given Lisa's disability, I  
5 recommend that any social interaction or public speaking  
6 incident to her role be minimized to the extent possible.  
7 Additionally, I recommend that her role not be changed to  
8 require any increased speaking or social interactions."

9 Then she additionally said, "To the extent that  
10 social interactions and/or public speaking is deemed  
11 necessary for Lisa's job, I recommend that a plan be  
12 developed for these activities in consultation with me or  
13 another qualified healthcare provider."

14 Do you see that?

15 **A.** Yes.

16 **Q.** And at this point in January of 2018, Dr. Kissimian was  
17 the only psychiatrist that you were seeing; is that right?

18 **A.** Yes.

19 **Q.** Okay. And then again, in the next -- the next section,  
20 number 8, the question says, "How would you recommend an  
21 accommodation improve the employee's job performance?"

22 And Dr. Kissimian wrote, "Given Lisa's disability,  
23 I recommend that any social interaction or public speaking  
24 incident to her role be minimized to the extent possible."

25 And then it says again, "Additionally, I recommend

1 that her role not be changed to require any increased public  
2 speaking or social interaction."

3 And then repeating again, that, to the extent they  
4 were necessary, a recommendation that a plan be developed in  
5 consultation with her; is that right?

6 **A.** Yes.

7 **Q.** And then number 9, "What restrictions, if any, do you  
8 place on the employee's ability to perform the functions of  
9 the job?"

10 Do you see that?

11 **A.** Yes.

12 **Q.** And Dr. Kissimian wrote, "Social interactions and public  
13 speaking should be minimized as much as possible. To the  
14 extent Lisa is required to engage in social interactions  
15 and/or public speaking, these activities should be planned in  
16 consultation with her medical provider, in hopes of minimized  
17 Lisa's anxiety and somatic symptoms."

18 Do you see that?

19 **A.** Yes.

20 **Q.** And then down below, Dr. Kissimian signed -- I think  
21 that's probably her name, that chicken scratch; is that  
22 right?

23 **A.** I believe that's her signature.

24 **Q.** And then she signed it on January 31st of 2018; is that  
25 right?



1       **A.** Yes.

2       **Q.** Okay. And then you also submitted the employee form at  
3 the same time, or around the same time; is that right,  
4 Dr. Menninger?

5       **A.** Yes.

6               MS. MANDEL: Miranda, can we bring up joint  
7 Exhibit 220, please.

8 BY MS. MANDEL:

9       **Q.** Dr. Menninger, this is a handwritten form that you filled  
10 out; is that right?

11       **A.** Yes.

12       **Q.** And at the bottom of the page, we see it has -- that's  
13 your signature?

14       **A.** Yes.

15       **Q.** Thankfully, much easier to read.

16               And that's January 30th, right, so the day before?

17       **A.** Yes.

18       **Q.** And you filled out that you were authorizing disclosure  
19 of your health information from Dr. Kissimian; is that right?

20       **A.** Yes.

21               MS. MANDEL: Okay. And let's -- let's go down to  
22 Bates number 1382, please, Miranda.

23 BY MS. MANDEL:

24       **Q.** And I understand there's a lot of typewritten language on  
25 the page, but where there are answers that are typed in, did

1     you type those yourself, Dr. Menninger?

2     **A.** I assume so. It was a long time ago. I can't really  
3     remember. But, yes, I think I filled it out on the computer.

4     **Q.** Okay. And you -- you indicated here, on the third line  
5     down, that your work location was remote --

6             MS. MANDEL: Oh, actually, Miranda, let's go back  
7     to -- thank you.

8     BY MS. MANDEL:

9     **Q.** You said your work location was remote; is that right?

10    **A.** Yes.

11    **Q.** And that's because you were -- you had relocated to  
12    Dighton at that point and you were working out of your home  
13    office most of the time?

14    **A.** Yes.

15    **Q.** Okay. And then down below, the question says, "Describe  
16    the nature of your impairment, and its expected duration"?

17    **A.** Yes.

18    **Q.** And you wrote in, "I've been diagnosed with panic  
19    disorder with agoraphobia, social anxiety disorder, and  
20    generalized anxiety disorder."

21    **A.** Yes.

22    **Q.** And you said you're not aware of a cure for these  
23    conditions but you're seeking treatment to minimize and  
24    alleviate symptoms?

25    **A.** Yes.

1       **Q.** And that was the treatment with Dr. Kissimian that you  
2       were talking about?

3       **A.** Yes.

4       **Q.** Okay. And then the next question is what specific  
5       accommodation are you requesting.

6       **A.** Yes.

7       **Q.** And you typed in, "My psychiatrist has recommended that  
8       any social interaction and/or public speaking incident to my  
9       job be minimized or avoided as much as possible"?

10      **A.** Correct.

11      **Q.** And that was consistent with what Dr. Kissimian wrote on  
12      her form; is that right?

13      **A.** Yes.

14      **Q.** "Further, she has recommended that my role not be changed  
15      in a manner that would require increased social interactions  
16      and/or public speaking."

17                   That's also consistent with what Dr. Kissimian had  
18      written?

19      **A.** Yes.

20      **Q.** "To the extent that these activities are deemed  
21      necessary, my psychiatrist has recommended that a plan be  
22      developed with her assistance for these activities in the  
23      hopes of minimizing my anxiety or other symptoms."

24                   Do you see that?

25      **A.** Yes.

1       **Q.** And again, you're referring to Dr. Kissimian as the  
2       doctor who would have input on that?

3       **A.** Yes.

4       **Q.** Okay. And then the last question on that page  
5       is, "Describe how the impairment is interfering with your  
6       ability to perform your essential job functions."

7               Do you see that?

8       **A.** Yes.

9       **Q.** Okay. And it references a job description, as well?

10       **A.** Yes.

11       **Q.** And you wrote in, "I believe that I am able to perform  
12       the essential functions of my job without accommodation, as I  
13       have been doing so for years. However, social interactions  
14       and public speaking often trigger anxiety, panic attacks, and  
15       other symptoms of my condition. These make it difficult for  
16       me to perform my job and interfere with my personal life, as  
17       well."

18       **A.** That's correct.

19       **Q.** Okay. And so you signed this form and you sent it to  
20       Mr. St. John; is that right?

21       **A.** Yes.

22       **Q.** And after that, Mr. St. John reached out to you to  
23       discuss further; is that right?

24       **A.** Yes. I don't know the exact date.

25               MS. MANDEL: Well, let's look at -- let's bring

1 up -- let's actually bring up Joint Exhibit 62, please,  
2 Miranda. And I know that we've looked at this -- maybe just  
3 blow it up a little, Miranda, because it's a little hard to  
4 read.

5 BY MS. MANDEL:

6 **Q.** We'll start with the e-mail on the bottom, the first  
7 e-mail on the page. So the first e-mail --

8 MS. MANDEL: I'm sorry, Miranda, can you make it a  
9 tiny bit smaller, so we can just see who it came from. Thank  
10 you.

11 BY MS. MANDEL:

12 **Q.** This e-mail came from Mr. St. John. It went to you. And  
13 this was -- so we're like two days after you had returned  
14 that -- that disability paperwork. Does that make sense?

15 **A.** Yes.

16 **Q.** Okay. And Mr. St. John said, "Hope your Friday is going  
17 well."

18 He said, "I need your assistance as we continue the  
19 dialogue around exploring reasonable accomodation. What are  
20 the specific expectations that Hacene shared with you for  
21 2018 that you believe you cannot or limitedly perform?"

22 And then he says, "Your physician only indicates  
23 that public speaking and social interaction be minimized. To  
24 the extent that public speaking and social interaction  
25 is 'Deemed necessary' and that a plan be developed with your

1 physician."

2 So this is kind of working back what you and Dr.  
3 Kissimian had explained?

4 **A.** Yes.

5 **Q.** "I would like to understand, from your physician's  
6 perspective, in writing, the specific limits or maximum  
7 percentage related to the specific expected duties. Public  
8 speaking and social interactions were the only items  
9 specified in your physician's paperwork."

10 Do you see that?

11 **A.** Yes.

12 **Q.** And then he explained that this was going to be critical  
13 in this process of kind of going through the accommodation  
14 process.

15 **A.** Yes.

16 **Q.** Okay. And then let's go to the top of this page and you  
17 wrote back two days later, on February 4th. This is from you  
18 to Mr. St. John?

19 **A.** Yes.

20 **Q.** And you explained, you said, "Hacene and I had a general  
21 discussion concerning changes he's considering making to make  
22 my role more visible. He didn't get into specifics, but  
23 suggested this might include increased client visits, social  
24 interactions, and presentations" and you say internal and  
25 external?

1       **A.**   Yes.

2       **Q.**   "That's what prompted my initial email with him regarding  
3       my disability. We were supposed to have a follow-up  
4       conversation to discuss specifics and I wanted him to  
5       understand my situation, so that we could try to figure this  
6       out together. That conversation still hasn't happened, so I  
7       can't provide you much additional detail at this point."

8               Is that right?

9       **A.**   Yes.

10       **Q.**   And then you asked Mr. St. John, just for clarification,  
11       about what else he might need from your doctor, right?

12       **A.**   Yes.

13       **Q.**   Okay. So we've looked -- this week we've reviewed I  
14       think what Mr. Hannon has referred to as buckets of job  
15       tasks; is that right?

16       **A.**   Yes.

17               MS. MANDEL: Let's bring up Joint Exhibit 350,  
18       please, Miranda.

19       BY MS. MANDEL:

20       **Q.**   This is this e-mail that Mr. Mekerri drafted talking  
21       about what those buckets are; is that right?

22       **A.**   Yes.

23       **Q.**   So this was an e-mail from a couple of days later, now  
24       we've gotten to February 6th, where Mr. Mekerri wrote to you,  
25       with a copy to Mr. St. John, right?

1       **A.** Yes.

2       **Q.** And he explained, this is a one-on-one follow-up about  
3 the executive director role that's the subject, right?

4       **A.** Yes.

5       **Q.** And I know you had a one-on-one with him in December of  
6 2017, where he had talked about what that additional  
7 visibility might be; is that right?

8       **A.** Broadly, yes. We discussed presentations for  
9 pharmaceutical clients.

10       **Q.** And you'd agree, wouldn't you, that this is now -- it's a  
11 follow-up about what those specifics are?

12       **A.** No. I think this is based on a one-on-one we had just  
13 prior to, like -- yeah, this was -- this was based on a one  
14 on one that we had in 2018, not based on the December  
15 meeting.

16       **Q.** Okay. So you had another one-on-one some time in the  
17 first month of 2018?

18       **A.** Yes. I believe so. I -- I would have to look at my  
19 notes.

20       **Q.** Okay. And, in fact, Mr. Mekerri does refer to having had  
21 a discussion with you of some type the day before; is that  
22 right?

23       **A.** That makes sense. That was probably the one-on-one.

24       **Q.** And Mr. Mekerri in his follow-up says, "As per our  
25 conversations, I'm happy to explore potentially reasonable



1 accommodations, depending on the details that your physician  
2 will provide. I am listing below the specific duties within  
3 the job description, along with the expectations to reach the  
4 business goals. As you already know, the percentage scope of  
5 interactions, internal or external, is increasing in 2018 due  
6 to the needs of the business and our aggressive commercial  
7 goals."

8 Do you see that?

9 **A.** Yes.

10 **Q.** And then there are five bullet points below?

11 **A.** Yes.

12 **Q.** The first one is "SLT presentations."

13 Is SLT, that's the senior leadership team  
14 presentations?

15 **A.** Yes.

16 **Q.** And "town hall COO/EVP meeting"?

17 **A.** Yes.

18 **Q.** COO is chief operating officer? Is that --

19 **A.** Yes.

20 **Q.** And EVP is executive vice president?

21 **A.** Yes.

22 **Q.** And then beneath that, Mr. Mekerri provides some detail  
23 about how many people might be there and how often they would  
24 take place; is that right?

25 **A.** Yes.

1     **Q.** And so for the SLT presentations, which he lists, he says  
2     up to -- well, actually for the whole category, up to 500  
3     employees. And then he says they would happen bi-weekly,  
4     monthly, or quarterly, right?

5     **A.** Yeah, the frequency and the number of employees depends  
6     on the particular meeting. The SLT meetings are very small  
7     and you know, may involve, like, ten people.

8     **Q.** And those are the ones that you testified earlier would  
9     happen like on a bi-weekly basis?

10    **A.** Yes.

11    **Q.** And then there were really the big town halls which were  
12    like all over the world and that was the bigger group?

13    **A.** That was the bigger group, yes.

14    **Q.** And then the next -- the next bullet point is, "Client  
15    bid defense, issue resolution calls, Highland Heights client  
16    site meetings, phone calls."

17                   And it says, "Frequency: Once a month at a minimum  
18    for clients. Attendees and audience: Up to 50 attendees."

19                   Right?

20    **A.** Yes.

21    **Q.** And actually just let's go back on the first bullet. I  
22    know you testified earlier today that you had already been  
23    doing -- participating in those meetings, the SLT  
24    presentations and the town halls, right?

25    **A.** On rare occasions, I had to present at those meetings.

1     **Q.** But you did attend those meetings?

2     **A.** Yes.

3     **Q.** Okay. And I -- on the second bullet, you testified  
4 earlier today about how you would be involved as needed with  
5 presenting information to new customers?

6     **A.** Are you -- what document are you referring to?

7     **Q.** I'm talking about what your testimony has been so far  
8 about providing some information to new customers about  
9 things like reference ranges or what was happening in the  
10 lab?

11    **A.** Yes. Usually through business development, an individual  
12 or a project manager. But yes. Most of the time, my  
13 interaction with clients was once their studies were already  
14 underway.

15    **Q.** And that's when they had questions about the reference  
16 ranges or things like that?

17    **A.** Right.

18    **Q.** Then the third bullet is technical sales presentation,  
19 internal and external, Highland Heights client site meetings,  
20 and phone. And it lists out frequency will be monthly or  
21 quarterly as needed. And then it said potentially up to 100  
22 attendees?

23    **A.** Yes.

24    **Q.** And then the fourth bullet says for customer visits,  
25 lunch and dinner and social interaction may occur?

1       **A.** Yes.

2       **Q.** That was about 60 to 80 percent of the time.

3               Do you see that?

4       **A.** Yes.

5       **Q.** In order to build business relationships.

6       **A.** Yes.

7       **Q.** And then finally is a bullet point that repeats what  
8 we've seen in the job description, which was travel up to  
9 30 percent.

10       **A.** Yes.

11       **Q.** Okay. And then Mr. Mekerri said let me know if you need  
12 further details. I'm happy to provide them. I'll do my best  
13 to support you.

14       **A.** Yes.

15       **Q.** Okay. And then after Mr. Mekerri sent you this list with  
16 those five buckets, Dr. Kissimian sent a response; is that  
17 right?

18       **A.** Yes.

19       **Q.** Let's look at that response from Dr. Kissimian.

20               MS. MANDEL: Miranda, can we bring up Joint  
21 Exhibit 433, please.

22       BY MS. MANDEL:

23       **Q.** So this is an e-mail that's dated a few days later,  
24 February 14th of 2018, from Dr. Kissimian to Chad St. John,  
25 right?

1       **A.** Yes.

2       **Q.** And Dr. Kissimian said, "Chad, I've attached a document  
3 providing psycho education on social anxiety disorder, as  
4 well as recommended reasonable accommodations for Lisa."

5               Do you see that?

6       **A.** Yes.

7               MS. MANDEL: And let's go to the next page, please,  
8 Miranda.

9       BY MS. MANDEL:

10      **Q.** So this is the attachment that Dr. Kissimian sent; is  
11 that right?

12      **A.** Yes.

13      **Q.** Okay. And so the first few paragraphs, Dr. Kissimian is  
14 just providing information about what your anxiety disorder  
15 does; is that right?

16      **A.** Yes.

17      **Q.** Okay. And let's?

18              MS. MANDEL: Miranda, can we just increase the size  
19 of that page a little bit and then we can go through it.

20      BY MS. MANDEL:

21      **Q.** "Social anxiety disorder." And that was one of your  
22 diagnoses at that time?

23      **A.** Yes.

24      **Q.** "Lisa's difficulty with socializing and public speaking  
25 is not a manifestation of shyness. Social anxiety disorder

1 is a neurobehavioral disorder with biological and genetic  
2 risk factors that lead to physical, behavioral, and cognitive  
3 symptoms, which are pernicious and chronic in nature.

4 "In the past Lisa endured these work events and  
5 presentations with intense discomfort and with the use of a  
6 sedative. "

7 And let me just pause there for a minute,  
8 Dr. Menninger. Is Valium, like you talked about earlier, is  
9 that a sedative?

10 **A.** Yes.

11 **Q.** "The sedative did help take the edge off, but also came  
12 with side effects, including impaired attention,  
13 concentration, short-term memory deficits, lethargy."

14 Lethargy is like exhaustion?

15 **A.** Yes.

16 **Q.** "And an extended length of time for her to return to her  
17 cognitive baseline to complete the more analytical and  
18 medical facets of her work.

19 "It is also important to note that the weeks  
20 leading to the expected speaking engagement or social event  
21 resulted in insomnia, panic attacks, GI discomfort, and  
22 weight loss."

23 Do you see that, Dr. Menninger?

24 **A.** Yes.

25 **Q.** And in the next, Dr. Kissimian said, "A concrete way of

1 thinking about this disability is that her brain and body are  
2 not able to tolerate public speaking engagements and  
3 socializing, and it is as if her vocal cords and brain become  
4 paralyzed while her blood pressure, heart rate, and breathing  
5 all increase. And it is for all of the above reasons that I  
6 am recommending the following reasonable accommodations."

7 Do you see that?

8 **A.** Yes.

9 **Q.** And then she says, "Below are reasonable accommodations  
10 for Lisa, so that she can continue to be a productive and  
11 healthy member of your team."

12 And below that, this is the same language from  
13 Mr. Mekerri's e-mail, but instead of a bullet, it now has a  
14 number one. Right? But it's that same language that  
15 Mr. Mekerri had listed out about SLT presentations, town  
16 hall, COO and EVP meeting. Do you see that?

17 **A.** Yes.

18 **Q.** Okay. Thank you.

19 MS. MANDEL: And Miranda, can we -- let's look at  
20 those items one through five a little bit larger, please.  
21 Thank you. And can we just go up to one, first. Thank you.

22 BY MS. MANDEL:

23 **Q.** So for number 1, this is the S LT presentations, the town  
24 hall. Under reasonable accommodation, you would agree,  
25 Dr. Menninger, that the language that was added here by

1 Dr. Kissimian was where it says "reasonable accommodation,"  
2 right?

3 **A.** Yes.

4 **Q.** Okay. It says, "reasonable accommodation, responsible  
5 for all slides, handouts, presentation material with  
6 necessary information, but will require a reader to be -- to  
7 present to the group or can be -- prerecord the audio/video,  
8 and it can be played at the meeting. Available for questions  
9 via e-mail after the meeting."

10 Do you see that?

11 **A.** Yes.

12 **Q.** And did you understand this to mean that Dr. Kissimian  
13 was saying you would write the material, but someone else  
14 would present it to the senior leadership team, to town  
15 halls, to the executives. Is that right?

16 **A.** We were just brainstorming creative ways that we could,  
17 you know, accommodate, potentially, if needed. It didn't  
18 necessarily have to be this. This was just an example.

19 **Q.** No, and I understand this. But this was creative and it  
20 says that you wouldn't actually do the presenting, right?

21 **A.** Not in person.

22 **Q.** Okay. Well, let's go down to number 2. Number 2, this  
23 is the language that Hacene had drafted about client bid  
24 defenses, issue resolution, calls. Do you see that?

25 **A.** Yes.



1     **Q.** And then Dr. Kissimian's language falls right beneath  
2     that, "Reasonable accommodations available via e-mail, text,  
3     remote videoconferencing for representative of the client,  
4     one to two person audience maximum."

5             And that's compared to what Mr. Mekerri had said,  
6     which was up to 50 people, right? Do you see under number  
7     two, it says up to 50?

8     **A.** Yes.

9     **Q.** Okay.

10            "If it is a site meeting, surrogate or reader with  
11     all necessary information, realtime access to me will be  
12     available."

13            Do you see that?

14     **A.** Yes.

15     **Q.** And this is maybe a little confusing, because it says "to  
16     me," and Dr. Kissimian was writing this, but I'm assuming the  
17     "me" there is you, Dr. Menninger; is that right?

18     **A.** Yes.

19     **Q.** Okay. Because you put this together with Dr. Kissimian;  
20     is that right?

21     **A.** No. Dr. Kissimian put this together.

22     **Q.** Okay. The next item, the next bullet is number 3, client  
23     site meetings.

24     **A.** Yes.

25     **Q.** And Dr. Kissimian added the language that says

1 "reasonable accommodation," is that right?

2 **A.** Yes.

3 **Q.** It says reasonable accommodation would like a surrogate  
4 to attend -- and just a surrogate is someone instead of you,  
5 right?

6 **A.** Yes.

7 **Q.** Okay. "But will be responsible for all problem solving,  
8 ideas for resolution, e-mail communicated to me a few days  
9 before the anticipated visit."

10 Do you see that?

11 **A.** Yes.

12 **Q.** The next item is technical sales presentation, internal  
13 and external. And it says, i.e., internal sales meeting.  
14 And it says client site meetings, phone. Do you see that?

15 **A.** Yes.

16 **Q.** And I think it's a little hard to read, but I think  
17 before client site, it's HH, and that's Highland Heights; is  
18 that right?

19 **A.** I think so.

20 **Q.** I know it's a little hard to read. And it's underneath  
21 that, Dr. Kissimian added the language that says, "Reasonable  
22 accommodation"?

23 **A.** Yes.

24 **Q.** It says, "Excuse from sales presentations, but, again,  
25 will provide any necessary data information for the reader or

1 surrogate to have at their disposal."

2 Do you see that?

3 **A.** Yes.

4 **Q.** And then number five, it says, "For customer visits,  
5 lunch, dinner, and social interactions may occur."

6 Do you see that?

7 **A.** Yes.

8 **Q.** And then this is -- it gets kind of -- what Dr. Kissimian  
9 wrote gets kind of bumped up. It says surrogate -- that's  
10 where her language begins, right?

11 **A.** Which number are you -- oh, yes.

12 **Q.** Yeah, this one is a lot harder, because it kind of gets  
13 all bunched together. But it's under number 5, the sort of  
14 end of the second line. That's where Dr. Kissimian's second  
15 recommendation is added in; is that right?

16 **A.** Yes.

17 **Q.** And the accommodation that Dr. Kissimian recommended is  
18 "Surrogate, as this is not her strength, skill set, and her  
19 disability will flare with significant impairment. She has  
20 able to build business relationships in a more behind the  
21 scenes fashion, and would like to brainstorm other potential  
22 avenues, where she can add value, as she does understand that  
23 this is an important part of the business."

24 Do you see that?

25 **A.** Yes.

1     **Q.** Okay. And then number 6, below, this is where it says  
2     travel, this is where we talk about the up to 30 percent that  
3     came from your job description; is that right?

4     **A.** Yes.

5     **Q.** And Dr. Kissimian listed out as reasonable accommodation,  
6     "When possible, traveling to Brussels, versus stateside."

7             Do you see that?

8     **A.** Yes.

9     **Q.** And stateside means like within the United States?

10    **A.** Yes.

11    **Q.** And that meant going to the Brussels lab, instead of  
12    going to Highland Heights; is that right?

13    **A.** Yes.

14    **Q.** And that's because you specifically were finding it  
15    really stressful to go to Highland Heights; is that right?

16    **A.** Not totally.

17    **Q.** Okay. So --

18    **A.** We were -- we were hiring -- as I mentioned earlier, we  
19    were in the process of hiring an MD or Ph.D. qualified  
20    candidate to serve as the lab director for the Highland  
21    Heights lab.

22             I was still going to remain the CAP director for  
23    the Belgium lab. So it made sense that I would visit the  
24    Belgium lab more at that point.

25    **Q.** You had reported that it was especially stressful for you

1 to go to Highland Heights, which was your home lab, right?

2 **A.** It was also a more stressful environment. There was more  
3 interdepartmental conflict. Also, I was the only female  
4 executive director there on site, so it -- with my condition,  
5 it was a little bit intimidating, and I was concerned,  
6 especially, you know, after disclosing my disability.

7 **Q.** And so for you at this time, it was -- it was easier to  
8 fly to Brussels?

9 **A.** Yes.

10 **Q.** In response to this communication from Dr. Kissimian,  
11 Mr. Mekerri and Mr. St. John said that PPD would actually  
12 accommodate you for a couple of these items; is that right?

13 **A.** Yes. But they changed the criteria for the fifth bullet.

14 **Q.** Well, let's bring up that response.

15 MS. MANDEL: Miranda, can we please bring up Joint  
16 Exhibit 421. Thank you.

17 BY MS. MANDEL:

18 **Q.** This is an e-mail, Dr. Menninger, from Chad St. John to  
19 you?

20 **A.** Yes.

21 **Q.** And it copied Mr. Mekerri, and I guess Mr. St. John sent  
22 a copy to himself.

23 And Mr. St. John wrote to you, "Hacene has  
24 confirmed that he is okay to accommodate points 1 and 5." So  
25 let's look below to what that was. This is some highlighted

1 language, which is -- it's a little bit hard to see, it's  
2 sort of grayed out, and it has a little asterisk under number  
3 1. And it says, "The accommodated expectation will now be to  
4 include a designee."

5 Do you see that?

6 **A.** Yes.

7 **Q.** And you understand that that was PPD's response to you  
8 about how they would -- they would be able to meet the  
9 accommodation that was recommended by Dr. Kissimian, right?

10 **A.** Yes.

11 **Q.** And then the next item says, "Client bid defendants,  
12 issue resolution calls," that same language we've seen a few  
13 times now, right?

14 **A.** Yes.

15 **Q.** And it says, "The expectation is for Lisa to participate  
16 in client bid defense issue resolution calls" -- and again,  
17 HH is Highland Heights, right?

18 **A.** Yes.

19 **Q.** "Client site meetings, phone," and it says it's critical  
20 for the business, right?

21 **A.** Yes.

22 **Q.** Okay. Number 3, the technical sales presentation,  
23 internal/external category, it says -- and the language that  
24 Mr. St. John and Mr. Mekerri had added is where it says  
25 "Lisa's participation."

1 Do you see that?

2 **A.** Yes.

3 **Q.** Okay. "Lisa's participation as a Central Labs technical  
4 leader is imperative in gaining perspective client's trust to  
5 obtain new business."

6 Do you see that?

7 **A.** Yes.

8 **Q.** And then number four, customer visits, lunch/dinner and  
9 social interactions?

10 **A.** Yes.

11 **Q.** And that's the one where Dr. Kissimian had said that you  
12 should be excused from those interactions all together; is  
13 that right?

14 **A.** I believe she also said, Or brainstorm additional ideas.

15 **Q.** And Mr. St. John and Mr. Mekerri said, "Lisa's  
16 participation as a Central Labs technical leader is  
17 imperative in gaining perspective client's trust to obtain  
18 new business." Right?

19 **A.** Yes.

20 **Q.** Okay. And then on the next e-mail down -- I mean, not  
21 the next e-mail, the next number down, it says number 5, and  
22 it says travel up to 30 percent. Again, that's the number  
23 from your job description. It says, "The accommodated  
24 expectation will now be up to only 15 percent." Right?

25 **A.** Yes.

1     **Q.** Okay. And you understood that this was the response that  
2     PPD was providing to what Dr. Kissimian had recommended; is  
3     that right?

4     **A.** Yes, except for number 5 wasn't really accurate, based on  
5     what Dr. Kissimian wrote.

6     **Q.** Well, Dr. Kissimian had written that your travel up to  
7     30 percent to the extent possible should be international  
8     travel, not to Highland Heights; is that right?

9     **A.** To the Belgium lab, yes.

10    **Q.** And specifically here, PPD was saying they would just cut  
11    the travel expectation by half, right?

12    **A.** Yes. But I didn't have any issues with travel. In fact,  
13    I looked forward to making more frequent visits to the Global  
14    labs.

15    **Q.** And in fact, during this time period, you had been  
16    looking at some upcoming trips to Brussels and to Shanghai, I  
17    think coming up in the spring and summer following, right?

18    **A.** Definitely to Brussels. I don't think I had anything  
19    firmly set for Asia -- for Singapore or Shanghai.

20    **Q.** Okay. And you actually -- you reported to Dr. Kissimian,  
21    after receiving this response, that you thought that PPD's  
22    response was promising, right?

23    **A.** Where is that from?

24                 MS. MANDEL: Yeah, let's bring up Dr. Kissimian's  
25    notes about that.



1           Miranda, can we bring up Joint Exhibit 18, please.  
2           And let's look at Bates number 671, please. Thank you.

3           BY MS. MANDEL:

4           **Q.** This is an -- at the top it says it's a psychiatric  
5           follow-up visit. This was Dr. Kissimian. And it says, "DOS"  
6           is that date of service, as far as you know, Dr. Menninger?

7           **A.** I think that's DOB for date of birth.

8           **Q.** Oh, that's right. Yeah, I do see where it says DOB. But  
9           two items below that, do you see where it says "DOS"?

10           THE COURT: Top of the page.

11           MS. MANDEL: It's like --

12           THE COURT: Maybe you can blow it up.

13           THE WITNESS: Yes. Sorry. Yes.

14           BY MS. MANDEL:

15           **Q.** Okay. And let's look under, "History of present  
16           illness," and it says, "Continues to isolate at home and  
17           hardly leave her family."

18           Do you see that that is as of February 6th of 2018?

19           **A.** Yes.

20           **Q.** And it says, "Today introduced the concept of CBT."  
21           Is that cognitive behavioral therapy?

22           **A.** Yes.

23           **Q.** Okay. Did you do cognitive behavioral therapy with  
24           Dr. Kissimian?

25           **A.** We -- yes, we did both therapy and medication management.

1 Q. So that was part of your treatment that you were doing  
2 with Dr. Kissimian?

3 A. We were experimenting with different things.

4 Q. Okay. And you noted -- it says, "She was able to speak  
5 with both HR and her boss regarding the document for  
6 accommodations."

7 Do you see that?

8 A. Yes.

9 Q. "And their response was promising"?

10 A. Okay. This was -- yes. Yes.

11 Q. Okay.

12 A. This was before the meeting.

13 Q. So this was after the company had given you information  
14 about those five buckets, and after Dr. Kissimian had  
15 provided back her recommended accommodations, right. And at  
16 that point you thought that things were promising?

17 A. I did. That was before I got the response on  
18 February 26th, at the airport.

19 Q. Because when you were flying back to Highland Heights?

20 A. Yes.

21 Q. Okay. And it says, in the same paragraph, Dr. Menninger,  
22 it says that at that point, you were isolating at home and  
23 hardly leaving your family?

24 A. Yes.

25 Q. And I know you were just talking about being at the

1 airport and flying to Highland Heights, that was the one  
2 visit you made to Highland Heights in 2018, right?

3 **A.** Yes. Hacene wanted me to time it with when the town hall  
4 was going to occur.

5 **Q.** And at that point, you had been isolating at home with  
6 your family for some time?

7 **A.** Since disclosing my disability.

8 **Q.** So you had been pretty much at home with your family from  
9 January to the end of February?

10 **A.** Well, I was working in my office downstairs. But, yes.

11 **Q.** But physically, you weren't leaving the house? That's  
12 what I mean.

13 **A.** Correct.

14 **Q.** Okay. And you were able to get on to a plane and fly to  
15 Highland Heights at the end of February?

16 **A.** I was and I had a panic attack.

17 **Q.** Was that in the airport?

18 **A.** No. That was when I was at home.

19 **Q.** Leading up to the trip?

20 **A.** Yes.

21 **Q.** How did you manage that panic attack? I mean, like  
22 deal -- cope with the fact that you were having a panic  
23 attack? Did you use medication for that?

24 **A.** I was crying. My husband was hugging me and trying to  
25 console me and tell me it would be okay, because I was

1     scared. I didn't know what to expect. At this point, I had  
2     not heard anything in terms of a response to the suggestions  
3     that Dr. Kissimian had provided, so I was -- I was very  
4     nervous.

5     **Q.** Let's look at your later communication with Mr. St. John  
6     and Mr. Mekerri about these accommodations that Dr. Kissimian  
7     had drafted on your behalf.

8             MS. MANDEL: Let's look at Joint Exhibit 141,  
9     please, Miranda.

10     BY MS. MANDEL:

11     **Q.** So let's look at your e-mail, which is at the bottom of  
12     the page. This was an e-mail that you wrote on March 24,  
13     2018.

14     **A.** Yes.

15     **Q.** So this is, at this point, about a month after you had  
16     the panic attack around that travel, right? Is that right?  
17     You were just describing having a panic attack before going  
18     to Highland Heights towards the end of February of 2018, and  
19     now we're in March of 2018. About a month later, right?

20     **A.** Correct.

21     **Q.** Okay. And you wrote this e-mail to Mr. St. John and  
22     you -- if we -- you said you're writing to follow-up on his  
23     e-mail regarding disability and potential need for reasonable  
24     accommodation.

25             In the next paragraph you say, "I appreciate you

1 taking the time to highlight portions of my job description.  
2 I am familiar with the essential functions of my position and  
3 I'm not requesting any changes to those functions."

4 Do you see that?

5 **A.** Correct.

6 **Q.** Okay. And you said, "I am capable of performing all of  
7 my responsibilities, with or without accommodation."

8 **A.** Yes.

9 **Q.** Okay. And then you said, "There are, however, certain  
10 types of tasks, like formal group presentations, that are  
11 challenging to my disability, and I'd ask that you consider  
12 possible reasonable accommodations."

13 Do you see that?

14 **A.** Yes.

15 **Q.** Okay. And in the next paragraph, you kind of remind them  
16 how -- or you remind Mr. St. John, how that discuss had led  
17 to Mr. Mekerri identifying three broad categories of duties  
18 and responsibilities for which he believed that no  
19 accommodation was possible. That's those two, three, four  
20 buckets?

21 **A.** Yes.

22 **Q.** Okay. And then if we look down below, you said, "In any  
23 event, based on my one-on-one with Hacene this past week..."

24 So referring to a recent meeting with Mr. Mekerri?

25 **A.** Yes.

1       **Q.** "It does not appear that there are any activities or  
2       events in the near future that would implicate my disability.  
3       Given this, and how extremely busy we all are, it might make  
4       sense to table this discussion until a particular task  
5       arises." Is that --

6       **A.** Yes.

7       **Q.** Okay. And then you said, "Dealing with these issues in  
8       context, I think, might make this whole issue seem less  
9       daunting and help us engage in a more meaningful dialogue."

10      **A.** Yes.

11      **Q.** Did Dr. Kissimian help you write that e-mail?

12      **A.** No.

13      **Q.** Did anyone help you write that e-mail, Dr. Menninger?

14      **A.** Yes.

15      **Q.** And who helped you write that e-mail?

16      **A.** My attorney.

17      **Q.** Oh, okay. And then the last kind of small paragraph, you  
18      said you remain confident that we can work through this  
19      together. Right?

20      **A.** Yes.

21                   MS. MANDEL: Okay. We can close out of that.

22      Thanks, Miranda.

23      BY MS. MANDEL:

24      **Q.** Dr. Menninger, I understand that you currently receive  
25      Social Security Disability benefits from the federal

1 government every month; is that right?

2 **A.** Yes.

3 MS. MANDEL: Let's bring up joint Exhibit 440,  
4 please, Miranda.

5 BY MS. MANDEL:

6 **Q.** Dr. Menninger, this is -- at the top, it says this is  
7 "disability determination for Social Security pain and other  
8 symptoms."

9 Do you see that?

10 **A.** Yes.

11 **Q.** And it has your name and it has a blocked out Social  
12 Security number. Do you see that?

13 **A.** Yes.

14 **Q.** Do you -- and it has a lot of handwritten notes. Do you  
15 recognize this as a form that you filled out?

16 **A.** Yes.

17 **Q.** And this was when you applied for government Social  
18 Security benefits in January of 2019; is that right?

19 **A.** The application was submitted much earlier. This was a  
20 supplemental document that was sent to me to fill out. The  
21 application started earlier, by a company called Genex, that  
22 worked with UNUM, which was the company's disability  
23 provider.

24 **Q.** So -- and let's back up to give a little more context to  
25 the jury on that.

1           So you've testified so far this week that in June  
2 of 2018, you went out on a leave from your position at PPD;  
3 is that right?

4     **A.** Yes.

5     **Q.** And at the beginning of that leave, you had a number of  
6 days -- a good number of days of PTO, paid time off, that you  
7 were able to use to receive full pay?

8     **A.** Yes. We had, like, an executive bank that I was able to  
9 be paid from.

10    **Q.** Okay. And then once you were done using that executive  
11 bank of time, you -- you utilized short-term disability  
12 benefits for pay; is that right?

13    **A.** That's correct.

14    **Q.** And then that transitioned, after a time, to what's  
15 called long-term disability to provide you with pay?

16    **A.** Yes. That's correct. But the short-term disability only  
17 covered up to 60 percent of my pay.

18    **Q.** Right. It's not full pay. But it has some tax benefits;  
19 is that right?

20    **A.** I'm sorry. I didn't hear your question.

21    **Q.** It has some kind of tax benefits, right? Like the way  
22 that that's taxed, instead of your pay?

23    **A.** I don't know.

24    **Q.** That's right. I know this was a long time ago. We don't  
25 have to get into --



1     **A.** I don't know if there's tax benefits. I received a W-2,  
2     so I had to report it and pay taxes.

3     **Q.** Of course. Of course. And so as part of getting those  
4     long-term disability benefits, part of that process was also  
5     applying for government Social Security Disability benefits;  
6     is that right?

7     **A.** Yes. That was a requirement by UNUM.

8     **Q.** And UNUM was the company that was administering the long  
9     term disability benefits for PPD?

10    **A.** The short term and the long term, yes.

11    **Q.** And you were describing a few moments ago, this form is a  
12    supplement that was part of your application to receive those  
13    government benefits?

14    **A.** I received this form late. I was already in Albuquerque,  
15    so it was -- it was probably months after the initial  
16    application had been submitted by Genex. So this was just  
17    maybe the final, like, documentation they needed before  
18    making their decision and it had to be filled out by me.

19    **Q.** And just for some context, because you referred to moving  
20    to Albuquerque, that was during your medical leave in  
21    December of 2018 that you moved to Albuquerque, New Mexico?

22    **A.** Yes. It was at the end of December 2018.

23    **Q.** Okay. And at which point you were still on medical  
24    leave?

25    **A.** Yes.

1 Q. Okay. So now we have some more context for this form.

2 MS. MANDEL: Miranda, can we jump to Bates  
3 page 891, please.

4 BY MS. MANDEL:

5 Q. And while Miranda is helping us with that, Dr. Menninger,  
6 you testified that you filled out this form, right?

7 A. Yes.

8 Q. That's your handwriting?

9 A. Yes.

10 Q. Okay.

11 MS. MANDEL: I think that's 690. That's -- it  
12 should be 891.

13 THE COURT: Is this the page you want, or a  
14 different page?

15 MS. MANDEL: This is not the page I wanted. Okay.  
16 That's okay. We can find that and come back to it.

17 So Miranda, let's get back out of that. We'll come  
18 back to it.

19 BY MS. MANDEL:

20 Q. Dr. Menninger, before January 2018, you had seen  
21 therapists at various points?

22 THE COURT: Maybe you should take this down. There  
23 you go. Okay. Go ahead.

24 BY MS. MANDEL:

25 Q. Is that right, Dr. Menninger?

1       **A.** Can you repeat the question?

2       **Q.** Before January 2018, you had worked with therapists at  
3 different points, right?

4       **A.** No. Psychiatrists.

5       **Q.** I'm sorry, yes. You had worked with psychiatrists at  
6 various points?

7       **A.** In Kansas -- I'm just blanking out on his name. The one  
8 we were talking about earlier.

9       **Q.** Sure. That was Dr. Everson?

10       **A.** Yes.

11               MS. MANDEL: Okay. And let's -- let's pull up --  
12 Miranda, can we pull up, again, P-18, or Joint 18?

13       BY MS. MANDEL:

14       **Q.** And this is the first -- the notes of the first visit  
15 that you had with Dr. Kissimian, in January of 2018, right?

16       **A.** Yes.

17       **Q.** And this is, you would agree, Dr. Kissimian's description  
18 of what she learned from you during that first visit, right?

19       **A.** Yes.

20               MS. MANDEL: Okay. Let's -- let's jump to the next  
21 page, please, Miranda.

22       BY MS. MANDEL:

23       **Q.** So under, "Family History" this was a family history that  
24 you told Dr. Kissimian during this first visit in January of  
25 2018?

1       **A.** Yes.

2       **Q.** It talks about your mother and your grandmother with  
3 severe anxiety disorders. Do you see that?

4       **A.** Yes.

5       **Q.** And it says that your mother cannot order for herself at  
6 a restaurant?

7       **A.** Yes.

8       **Q.** Okay. And then it also says your father was  
9 involuntarily hospitalized for erratic and violent behavior?

10      **A.** Yes.

11      **Q.** "Denied substance abuse history." That was for your  
12 father, right?

13      **A.** Yes.

14      **Q.** Was unemployed throughout your life, and there was  
15 schizophrenia on that side of the family, as well.

16      **A.** Yes.

17      **Q.** Do you see that? Okay.

18                   And then under "Developmental History," it's your  
19 understanding this is like referring back to your childhood?

20      **A.** Correct.

21      **Q.** And it says, "Remembers mother as caring but timid and  
22 distant at times and feeling she knew the motions of being  
23 maternal but did not feel genuine. Father she remembers as  
24 unpredictable, volatile, and scary. Remembers in the middle  
25 of the night, he would come into the bedroom that she shared

1 with her sister" --

2 That's your sister, Tonya; is that right,  
3 Dr. Menninger?

4 **A.** Yes.

5 **Q.** -- "put on the light, and lecture them about something  
6 that was irrelevant that was hard to follow.

7 **A.** Yes.

8 **Q.** "Mother did leave her father and moved back to her  
9 hometown of Appleton, Wisconsin, to live with her  
10 grandparents. But then they reconciled, and he" --

11 And the "he" is your father?

12 **A.** Yes.

13 **Q.** -- "came back to only continue with the rages, violence,  
14 and unpredictability"?

15 **A.** Yes.

16 **Q.** Do you see that?

17 **A.** (Nods head.)

18 **Q.** And then down below, it refers to your family situation  
19 at that time, which was your husband, Mason, and your  
20 daughter, Maya; is that right?

21 **A.** Yes.

22 **Q.** It also says that you at that time felt most connected  
23 with your sister, Tonya, your husband, and your daughter?

24 **A.** Yes.

25 **Q.** Is that right?

1       **A.** That's correct.

2                   MS. MANDEL: Let's go to the next page, please,  
3       Miranda, 665.

4       BY MS. MANDEL:

5       **Q.** So under "Panic and Social Phobia," it's like kind of  
6       second paragraph in, do you see where it says that, "Lisa  
7       remembers, as young as three or four, dreading school,  
8       especially fear of being called on to answer a question"?

9       **A.** Yes.

10      **Q.** "If she was called on, her body and voice would shake,  
11      and this experience was both physically and mentally painful  
12      and exhausting"?

13      **A.** Yes.

14      **Q.** "This has continued into adulthood, and even at small  
15      meetings when she needs to present three or four slides, the  
16      physical sensations of anticipatory dread set in as well as  
17      diarrhea, heart racing, sweatiness, and increased respiratory  
18      rate."

19                   Do you see that?

20      **A.** Yes.

21      **Q.** "Modifying Factors." Is it your understanding that that  
22      refers to things that kind of help make things a little  
23      better?

24      **A.** Yes.

25      **Q.** And it says that, "Being with family and being inside

1     your home"?

2     **A.**   Correct.

3     **Q.**   Okay. And then down below, where it says, "Psychiatric  
4     ROS," do you have an understanding about what "ROS" means?

5     **A.**   It stands for review of -- systems -- review of systems.

6     **Q.**   So this is like your overall psychiatric health at that  
7     time?

8     **A.**   Yes.

9     **Q.**   Okay. And this is January of 2018, January 22nd, right?

10    **A.**   Yes.

11    **Q.**   Okay. And it goes through -- it says "Denies depression,  
12    mania, psychosis," but it says, "but does have some intrusive  
13    thoughts of saying the right word, editing and re-editing all  
14    emails before sending and looking for grammar or spelling  
15    mistakes."

16                 Do you see that?

17    **A.**   Yes.

18    **Q.**   And down below, right beneath that it says, "eating  
19    disorder behavior." You and your family are vegan; is that  
20    right?

21    **A.**   Yes.

22    **Q.**   It says, "Weighs herself daily and has committed to  
23    remaining the same weight, working with a trainer over the  
24    Internet to gain strength and to compete in ultra long power  
25    walking."

1     **A.** Yes. It's not totally accurate, the way it's worded, but  
2     yes.

3     **Q.** But you would agree these are Dr. Kissimian's impressions  
4     from that first -- from that first appointment, right?

5     **A.** Yes.

6     **Q.** And then it lists out trauma, and it says, "Witnessed  
7     domestic violence as a child, father holding a knife to her  
8     mother's throat. Also, father committed to the psychiatric  
9     ward several times secondary to violent/unpredictable  
10    behavior, and remembers always having to walk on eggshells  
11    and never knowing what version of her father she would get."

12                 Do you see that paragraph?

13    **A.** Yes.

14    **Q.** And then a couple of lines down, it says -- whoops -- it  
15    says, "Past psychiatric history: Outpatient level of care,  
16    trial of Celexa, which she stopped." And that was, I believe  
17    you said earlier today, when we looked at the notes from  
18    Dr. Everson, that that is a medication that's used for  
19    anxiety and sometimes depression?

20    **A.** Yes.

21    **Q.** Which you stopped, "secondary to weight gain and also  
22    feeling emotionally blunted, unknown dose or time on  
23    medication."

24                 And so she was noting that you had stopped this  
25    trial of Celexa because you were concerned that you were



1     gaining weight on it?

2     **A.**   It wasn't as much gaining weight, it was more -- it just  
3     made me feel like I couldn't experience like extreme  
4     happiness or extreme sadness. I was just kind of there and  
5     that was the primary reason.

6     **Q.**   And so Celexa hadn't been like a good way for you to  
7     manage your anxiety symptoms. Is that a fair statement?

8     **A.**   That's fair.

9                 MS. MANDEL: And let's look at the next page, 666,  
10    please, Miranda. Yeah. Thank you. And can you just  
11    increase the size of that a little bit, please. Thank you.

12   BY MS. MANDEL:

13   **Q.**   And again, this is from that first initial visit in  
14    January of 2018. And under where it says -- it says, "Mood  
15    fight or flight." Do you see that?

16   **A.**   Yes.

17   **Q.**   Okay. And it says, "affect nervous" and then a couple  
18    lines down, it says, "thought content, public speaking fears.  
19    Fears about saying the right word, fears about being around  
20    others, prefers to avoid anxiety provoking activities  
21    overvalued ideas about weigh."

22                 Do you see that?

23   **A.**   Yes.

24   **Q.**   And then a couple lines down, Dr. Kissimian describes  
25    what types of panic symptoms you have; is that right?

1       **A.** Yes.

2       **Q.** You see where it says, "Panic perceptions, difficulty  
3       breathing, choking sensation, unpleasant feeling of  
4       anticipation or threat, fear of losing control or dying."

5       **A.** Yes.

6       **Q.** And this was based on your description to Dr. Kissimian  
7       in January of 2018 about what you experienced when you had  
8       panic?

9       **A.** Yes.

10      **Q.** And then looking down at the -- under "assessment and  
11      plan" and again, this is January of 2018, it  
12      says, "49-year-old Caucasian female with a history of GAD."

13                   Is that generalized anxiety disorder, as far as you  
14      know?

15      **A.** Yes.

16      **Q.** "Panic with agoraphobia and social anxiety disorder.  
17      Presents for her initial psychiatric evaluation after her  
18      baselines high anxiety started to spiral when, at work, it  
19      was suggested that she be more visible and have more of a  
20      public presence."

21                   Do you see that?

22      **A.** Yes.

23      **Q.** "Currently feeling fight or flight" and that's that  
24      feeling of like you either need to leave the situation or do  
25      something to sort of help yourself?

1     **A.** It's not a feeling of -- yeah, you need to run away or  
2     fight to survive.

3     **Q.** And Dr. Kissimian was reporting that that's how you were  
4     feeling in January of 2018, right?

5     **A.** Yes.

6     **Q.** And that's -- it says because you were having  
7     catastrophic thinking about you potentially causing your  
8     family becoming homeless and you were having this thought in  
9     January of 2018?

10    **A.** Yes.

11    **Q.** And then Dr. Kissimian repeated, as well, some of that  
12    family history, including "type 2 trauma, secondary to  
13    father's volatile behavior, and witnessing domestic violence  
14    between her parents."

15                   Do you see that?

16    **A.** Yes.

17    **Q.** And then in the last full paragraph on the page, it  
18    begins, "Social," and it has a colon. Do you see that?

19    **A.** Yes.

20    **Q.** And it talks about you being a pathologist, and then  
21    later in that paragraph, it says, "Concern for excessive  
22    accommodation where all of her needs are met and she is not  
23    asked or required to leave the house."

24    **A.** Yes.

25    **Q.** And you testified a few moments ago that, from that time

1 until the end of February, you really weren't leaving the  
2 house.

3 **A.** Correct.

4 **Q.** And, in fact, since then, you've spent most of your time  
5 in your house; is that right?

6 **A.** It's been back and forth. There's been times where,  
7 like, usually when I move some place new and no one knows me,  
8 then I would be okay to go for walks. But once I feel like  
9 I'm noticed, then I want to stay in the house.

10 **Q.** And that's why you've tended towards places that are a  
11 little bit more rural and a little less neighborhood based,  
12 right?

13 **A.** No. No. Actually, I feel better when I'm in crowds of  
14 strangers, because it makes me feel like I'm not being  
15 noticed.

16 **Q.** Let's look at the notes from your next visit with  
17 Dr. Kissimian, on February 2nd.

18 MS. MANDEL: Can we jump to page 668, please,  
19 Miranda? Thank you.

20 BY MS. MANDEL:

21 **Q.** So this is your next appointment with Dr. Kissimian,  
22 about ten-ish days later; is that right?

23 **A.** Yes.

24 **Q.** Okay. And this is the point at which you and  
25 Dr. Kissimian had just provided that accommodation paperwork

1 to PPD; is that right?

2 **A.** Shortly afterwards, yes.

3 **Q.** And it says, "Chief complaint." It says, "I am just  
4 worried all the time. I wake up with my heart already  
5 beating fast, thinking about how I have to see the other  
6 people that I work with at the end of the month after handing  
7 in those letters to HR."

8 Do you see that?

9 **A.** Yes.

10 **Q.** And then it notes below that since your last visit, you  
11 were continuing to isolate in your home and hardly leave your  
12 family; is that right?

13 **A.** Yes.

14 **Q.** And then going down a couple of paragraphs, it says,  
15 "Spoke at length about her experience in the work  
16 environment, where she feels that she is more introverted and  
17 analytical. She is being criticized for things that are  
18 unchangeable."

19 Do you see that?

20 **A.** Yes.

21 **Q.** "Has difficulty advocating for herself, and has already  
22 resigned to defeat in the corporate culture"?

23 **A.** Yes.

24 **Q.** And you would agree, Dr. Menninger, that this is before  
25 you had any meetings with Mr. St. John and Mr. Mekerri to

1 review what was in the accommodation paperwork, right?

2 **A.** Yes. I was fearful about getting a response and -- after  
3 disclosing my disability. And the -- the statement that I  
4 made about being introverted and analytical in the corporate  
5 culture was the corporate culture in general, not specific to  
6 PPD. I was referring to my introverted nature and analytical  
7 nature, which is why I picked the field of pathology.

8 MS. MANDEL: Miranda, we can get out of that  
9 exhibit. Thank you.

10 BY MS. MANDEL:

11 **Q.** Dr. Menninger, I know we talked a little bit about you  
12 being a runner at times. You began running ultra marathons  
13 in 2017, right?

14 **A.** I wouldn't say I was actually running. I was more  
15 walking, seeing how long I could walk until, yeah, I couldn't  
16 anymore, like during a 24-hour period.

17 **Q.** And for the jury's benefit, can you tell us what an ultra  
18 marathon is?

19 **A.** I believe it's anything defined as longer than a marathon  
20 distance.

21 **Q.** So -- and a marathon is 26.2 miles, right?

22 **A.** Yeah. Yes. An ultra marathon also can be time based, so  
23 like a 24-hour race, where you just go as long as you can.

24 **Q.** And sometimes you did those running, sometimes walking;  
25 is that right?

1     **A.** At that time, yeah, I -- I wasn't a serious runner. I'm  
2 not a good runner. I just -- it was almost like a form of  
3 meditation for me. It was calming, something I could do by  
4 myself. And in a way, it just gave me strength.

5     **Q.** You did one of those ultra marathons when you were in  
6 Rhode Island -- or in Rhode Island, when you were living in  
7 Massachusetts; is that right?

8     **A.** Yes. That was a 24 hour race, so you could stop,  
9 basically, whenever you felt like you had to.

10    **Q.** And then you did two additional ones the next year, in  
11 2018?

12    **A.** Yes. The same race, again. And then 100K distance. And  
13 I was trying to use walking at that time as a form of  
14 therapy, just to be outside, be calm, be by myself, and just  
15 cope with what was going on.

16    **Q.** And part of running an ultra marathon and walking an  
17 ultra marathon, you need like people to basically help you on  
18 the way; is that right?

19    **A.** Usually the runners will be like a crew, but there's also  
20 aid stations with volunteers set up. So you can get food and  
21 water and things like that.

22    **Q.** And your husband, and sometimes your sister, would do  
23 what's called crewing for you when you did these races?

24    **A.** Yes.

25    **Q.** And you also -- I know you said that you did that same

1 ultra marathon in Rhode Island, I think it was two years in a  
2 row, right, 2017 and 2018?

3 **A.** Correct.

4 **Q.** And then you did one in Arizona in 2018, as well?

5 **A.** Yes.

6 **Q.** And actually, that one in Arizona, I think you did in  
7 2018 and 2019, again?

8 **A.** I tried. I attempted. I was not successful in 2019.

9 **Q.** And you also did one in Colorado in 2019; is that right?

10 **A.** Yes.

11 **Q.** And some of those ultra marathons have more than 600  
12 people competing in them; is that right?

13 **A.** The one in Arizona.

14 **Q.** That's a big one?

15 **A.** Yeah.

16 THE COURT: We'll stop here.

17 Ladies and gentlemen of the jury, just a schedule  
18 update and a reminder. So we're on track on the schedule  
19 that I told you. I have confirmed with the lawyers and you  
20 should anticipate that Monday -- that Monday we'll go in the  
21 afternoon. So tomorrow, 9:00 to 1:00, Friday, 9:00 to 1:00,  
22 nothing on Saturday, nothing on Sunday. Monday, 9:00 to  
23 1:00, break for lunch, 2:00 to 4:00. And then Tuesday, back  
24 to the 9:00 to 1:00 schedule.

25 And then so thank you for your attention, don't



1 discuss the case among yourselves, don't discuss with anyone  
2 else. Keep an open mind. No independent research. All rise  
3 for the jury.

4 (The jury exits the courtroom.)

5 THE COURT: See you at 8:30, or is there no need?  
6 I'm happy to do it, if there's any --

7 MR. HANNON: If we could do 8:45, it would be  
8 better for me.

9 THE COURT: I'm happy to do 8:45, unless there's  
10 something to talk about.

11 MS. MANDEL: I think, at most, we would be talking  
12 about the procedure with the deposition read-in, but I don't  
13 think that's going to --

14 THE COURT: It won't take very long. All right.  
15 8:45. I'll see you then. Have a good day.

16 (Court in recess at 1:02 p.m.)  
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**CERTIFICATE OF OFFICIAL REPORTER**

I, Rachel M. Lopez, Certified Realtime Reporter, in and for the United States District Court for the District of Massachusetts, do hereby certify that pursuant to Section 753, Title 28, United States Code, the foregoing pages are a true and correct transcript of the stenographically reported proceedings held in the above-entitled matter and that the transcript page format is in conformance with the regulations of the Judicial Conference of the United States.

Dated this 22nd day of March, 2023.

/s/ RACHEL M. LOPEZ

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Rachel M. Lopez, CRR  
Official Court Reporter